

INCIDENCE &

PREVALENCE OF

DRUG USE

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*A General Study of
Montana's Population
Fall, 1974*

Conducted by:

Addictive Diseases Unit

**Governor's Office
State Capitol
Helena, Montana**

George L. Swartz, Director

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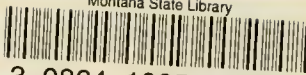
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OF DRUG USE

A General Population Study


Conducted by

Montana's Addictive Diseases Unit

Governor's Office

George L. Swartz, Director

May 1975



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A GENERAL ASSESSMENT OF ATTITUDES AND BEHAVIOR
REGARDING DRUG USE IN MONTANA

Introduction

In the Fall of 1974, it was decided by the Addictive Disease Unit to conduct a general survey of the incidence and prevalence of drug use within the general population of the State of Montana. Aside from a few small surveys of limited local areas or schools, no statewide quantitative baseline data existed on the approximate distribution of attitudes toward drug use, the degree of use among the state population or within the major subgroups of the state population. Studies similar to the one planned had been carried out by other states and had been strongly recommended by federal drug abuse coordinating and funding agencies. Data regarding the attitudes, incidence, and prevalence of drug use among the state population on the basis of age, sex, or place of residence, would be valuable in planning the most effective direction of efforts to reduce "addictive diseases."

The survey was designed to provide baseline data on the general distribution of drug use. Precise estimation of the attributes of some particular categories of drug abusers would have to be produced through other means, due to the fact that in those categories drug users constitute a rather small proportion of the state population. Precise information regarding drug abusers could be more accurately assessed in studies designed to probe for hidden abuse and in studies of drug abusers per se. Thus, some comparisons of attributes of frequent users of drugs were not included within the present report. The projections of drug use and attitudes among the state population and within the relatively large subgroups, such as the four age groups, the male and female groups, and the urban and rural populations,

are, on the other hand, reliable since they are based on an unbiased statewide sample of approximately 500.

An Outline of Survey Procedures

The Office of Addictive Diseases received technical assistance in the plan of the sampling design from the consulting firm of Arthur Young and Associates of Olympia, Washington. After weighing the financial resources available for the survey, the kinds of information and degree of accuracy desired, and the numbers of persons required in order to make valid inferences about age, sex, and urban-rural subpopulations, a sample size of 500 was chosen. This would allow the gathering of information regarding at least 100 persons from within each major age group, 250 persons of each sex, and approximately 150 urban respondents and 350 rural respondents. Valid inferences regarding ethnic (white, Native American), occupational, and regional subgroups were ruled out because of the number of individuals within categories of these classes of people who would be interviewed in the feasibly sized sample.

The precise procedure for the selection of the 500 respondents is outlined in Appendix A of this report. Basically, the sampling design involved the following procedures. First, the population to be sampled was stratified on the basis of whether the potential respondents resided in a rural or an urban area. In this report an "urban" respondent means that the respondent resided within the city limits of the five largest cities of Montana, Billings, Butte, Great Falls, Helena, and Missoula. On the basis of the proportion of the state population which is urban versus rural (as defined above), the number of the 500 interviews to be allocated between the urban and rural "strata" was determined.

Small geographical subdivisions within the urban and rural areas were listed and ranked in order of their population. Given a random starting point, specific areas were systematically selected in sequence so as to obtain the appropriate number of sampled areas. In other words, within the "urban" and "rural" areas a systematic procedure was used to semi-randomly select residential locations, called "primary sampling units" (PSU). For reasons of anonymity, we will not identify precisely where the interviews were taken. However, the following is a partial list of some of these areas from which interviews were obtained, indicating the degree to which interviews were truly dispersed throughout the state.

A PARTIAL LIST OF AREAS FROM WHICH INTERVIEWS WERE TAKEN:

Ashland	Cut Bank	Havre	Medicine Lake
Billings	Deer Lodge	Helena	Melstone
Bozeman	Ft. Belknap	Hilgen	Missoula
Broadus	Ft. Benton	Hot Springs	Mona Andes
Butte	Glasgow	Kalispell	Poplar
Cascade	Glendive	Libby	Rudyard
Chester	Great Falls	Livingston	Sheridan
Columbia Falls	Hamilton	Lone Pine	St. Ignatius

Ten interviews were then taken from each PSU, with the interviewer given specific instructions regarding how to select households and how to interview the proper quota of males, females, and persons within each age group. Such a stratified, multistage sampling procedure with quotas on the block level is commonly used in marketing and public opinion research.*

The questionnaire to be administered was adapted by the Addictive Disease Unit staff from similar interview schedules used in surveys of drug use in other states. The interview schedule used by Carl D. Chambers in his

*See Appendix B regarding the standard error of the estimates generated by such a sampling procedure.

Assessment of Drug Use in the Central Population, conducted in New York state, served as the primary model for the schedule, although several alterations were made.**

The interviewers used in the survey consisted of volunteers secured through various groups who had previously worked with the Addictive Diseases Unit. Once selected, the interviewers were brought to Helena on September 15, 1974, for an intensive training workshop on survey interviewing. This workshop was carried out by Phase Five and Associates, training consultants in survey interviewing. Interviewers were thoroughly instructed in how to locate their respective PSU's; how to proceed in selecting interviewees; and how to administer the questionnaire questions in a clear and consistent manner.

The interviewing started on October 1 and the great majority of the interviews were carried out by November 15; a small final set of interviews was completed by February 6, 1975.

Data Analysis

Once the questionnaires had been administered, completed, and checked for error, the Drug Evaluation Team of the Community Service Program at the University of Montana was contracted to: (1) transform the completed questionnaires into coded and key punched data capable of being analyzed through the use of a computer, (2) provide computer analysis of the data, and (3) provide technical aid and consultation in the interpretation of the computer output. The Drug Evaluation Team was later also contracted to provide this written presentation of the survey data regarding those aspects

**A copy of the final interview questionnaire used for this report is included in Appendix C.

of the questionnaire dealing with attitudes and behavior toward drug use in the general population.

Weighting and Projection Procedures

The quotas regarding the number of respondents to be interviewed in each category of age, sex, and residence were established so as to provide a number of respondents in each category which would reflect the statewide distribution of persons among these categories. However, since a purely representative proportional allocation of respondents would have resulted in the inclusion of fewer than the minimal 100 respondents desired in the 14-17 and 18-24 year old age groups, these groups were overproportionately sampled. Because of this, and also because several questionnaires had to be eliminated due to incomplete or inconsistent responses, the proportions of respondents in each of the main demographic subgroups did not perfectly correspond to the actual proportion of persons in those categories in the state. Therefore, in order to be able to accurately estimate the distribution of attitudes and behavior regarding drug use in the state, a weighting procedure was required.

It was considered desirable to make projections, not only of the percentage of persons having used the various types of drugs, but also of the actual numbers of persons in certain categories. Therefore, each case in each cross classified category of the main three demographic variables was multiplied by a weight factor which would raise the number of persons in each category of the exact number of persons in each category as indicated by the 1970 census. Table A shows: (1) the exact number of respondents in each category of the three main demographic variables actually interviewed, (2) the number of persons actually in each category as indicated by the

1970 census, and (3) the weight factor used to norm the cases interviewed to the actual number of persons in the state in each category. The various projected estimates of the number of persons in the various categories of drug use are reported to the actual units digit, e.g., 10,113 persons. The projected number of persons are reported to this number of significant digits so that the frequencies will match the estimated percentages based on the weighed frequencies.

TABLE A

THE ACTUAL AND SAMPLED NUMBERS OF PERSONS IN EACH CATEGORY OF
THE MAIN DEMOGRAPHIC VARIABLES, RESIDENCE, SEX, AND AGE

<u>Demographic</u> <u>Category</u>	<u>Number</u> <u>Sampled</u>	<u>Census</u> <u>Population</u>	<u>Weighting</u> <u>Factor</u>
TOTAL:	470		
Urban:	145		
Male:	70		
Age: 14-17:	14	8,002	571.57
18-24:	18	12,774	709.67
25-34:	17	11,418	671.65
35+	21	36,922	1,758.19
Female:	74		
Age: 14-17:	17	7,907	465.12
18-24:	16	14,227	889.19
25-34:	15	11,701	780.07
35+	27	42,238	1,564.37
Rural:	325		
Male:	158		
Age: 14-17:	32	22,906	715.81
18-24:	39	25,228	646.87
25-34:	41	28,379	692.17
35+	46	103,438	2,248.65
Female:	167		
Age: 14-17:	33	21,823	661.30
18-24:	45	24,444	543.20
25-34:	41	28,381	692.22
35+	47	102,134	2,173.06

ATTITUDES

Introduction

The primary concern of this report is to record the actual incidence and prevalence of drug usage in the State of Montana. However, in addition to giving statements of prevalence and incidence, it is appropriate to consider the population's attitudes toward drugs and drug usage. How Montanans feel about particular drug habits, drug education, appropriate rehabilitation, and current drug laws should be of interest to policy makers and educators, as well as to those involved with the prevention and treatment of drug abuse problems.

Table 1 contains fifteen statements aimed at tapping attitudes relevant to drug usage. Respondents were asked to indicate agreement, disagreement, or uncertainty with each statement. "Refusals" and "no answers" were also recorded. For each statement, attitudinal responses are presented for the total population as well as for selected subgroups. The latter includes the population's distribution according to age, sex, head of household's level of education, occupation, and residence (urban or rural).

The first objective of this section will be to see what percentage of the total population agrees, disagrees, or expresses uncertainty with regard to each statement and on which statements a general consensus or lack of consensus exists. Next, a detailed examination of the attitudinal statements will be presented by the various subgroups: age, sex, educational level, residence (urban-rural), and occupation. For these groups, statements which elicit a consensus, as well as a lack of consensus, again will be described. Also, a comparison of the subgroups with the overall population

will be noted.

Table 1, which contains this information in numerical form, is presented first, followed by a narrative summary emphasizing the salient features.

TABLE 1. PERCENTAGE OF DISTRIBUTION OF RESPONDENTS' ATTITUDES CONCERNING DRUGS ACCORDING TO AGE, SEX, EDUCATION, RESIDENCE, AND OCCUPATION

Attitudes toward Drugs	Response	Age				Sex		Household Head's Education				Residence		Household Head's Occupation										
		Overall	14-17	18-24	25-34	35 +	Male	Female	College	Vo-tech	H.S.	Degree	Less than H.S.	Urban	Rural	Executive	Manager	Admini- strator	Clerical/ Sales	Skilled Worker	Machine Operator	Unskilled Worker	Agricul- tural	No Data
a. There is nothing wrong with smoking marihuana as long as a person does so in moderation.	Agree	25.2	40.1	52.2	34.0	12.3	31.0	19.5	32.0	24.4	19.9	22.2	25.8	24.9	20.0	29.8	18.4	22.8	26.9	40.7	44.5	12.2	22.6	
	Disagree	68.5	54.6	40.8	58.2	81.9	62.4	74.6	62.6	67.5	73.4	71.2	64.1	70.3	75.1	69.1	77.7	71.1	66.0	53.0	55.5	78.4	61.1	
	Not Sure	6.2	4.4	7.0	7.8	5.8	6.4	5.9	5.4	8.1	6.7	6.1	9.7	4.7	4.9	1.1	3.3	6.1	7.1	6.3	0.0	9.4	16.3	
	No Answer	0.1	0.9	0.0	0.0	0.0	0.2	0.0	0.0	0.0	0.0	0.5	0.4	0.0	0.0	0.0	0.6	0.0	0.0	0.0	0.0	0.0	0.0	
b. Everyone should try drugs at least once to find out what they are like.	Agree	2.9	14.7	5.3	1.7	0.0	3.9	1.9	2.8	7.0	2.3	2.8	1.5	3.4	4.1	5.2	0.0	2.1	2.6	4.5	5.9	4.6	1.2	
	Disagree	95.8	81.9	91.0	98.3	99.5	95.3	96.4	95.3	93.0	96.8	96.0	97.4	95.2	95.9	94.8	100.0	96.9	96.5	93.0	89.2	92.7	96.0	
	Not Sure	1.2	3.5	3.0	0.0	0.5	0.8	1.5	1.6	0.0	1.0	1.2	1.1	1.2	0.0	0.0	0.0	0.9	0.9	1.4	4.9	2.7	2.8	
	No Answer	0.1	0.0	0.7	0.0	0.0	0.0	0.0	0.3	0.0	0.0	0.0	0.0	0.2	0.0	0.0	0.0	0.0	0.0	1.2	0.0	0.0	0.0	
c. Most people who smoke marihuana use it for a long time but never use anything stronger.	Agree	13.1	14.3	17.3	13.1	11.8	16.3	10.0	11.8	4.7	14.8	14.8	12.3	13.5	6.7	14.3	9.3	19.3	8.9	20.7	21.6	13.1	11.1	
	Disagree	56.4	67.0	61.8	61.0	51.4	56.5	56.3	58.5	57.6	54.6	55.3	56.9	56.2	75.1	60.0	69.1	49.0	56.9	32.3	62.9	51.1	48.7	
	Not Sure	29.7	17.5	20.3	25.0	36.1	26.7	32.6	29.0	37.7	30.6	27.2	30.3	29.4	18.2	24.6	21.6	30.5	31.4	47.0	15.5	35.8	39.2	
	No Answer	0.8	1.2	0.7	0.8	0.8	0.6	1.1	0.6	0.0	0.0	2.8	0.5	1.0	0.0	1.0	0.0	0.0	1.2	2.7	0.0	0.0	1.0	
d. Sniffing glue can damage the brain.	Agree	86.2	83.7	87.0	90.2	85.5	87.0	85.5	85.2	74.7	88.9	86.5	83.6	87.3	100.0	86.4	88.0	88.2	76.6	91.7	76.9	86.9	86.0	
	Disagree	3.4	3.5	2.3	1.7	4.1	4.3	2.4	3.4	0.0	2.9	5.1	5.2	2.7	0.0	7.0	0.7	1.2	11.8	0.0	6.8	0.0	0.0	
	Not Sure	9.8	12.9	10.7	7.2	9.6	8.7	10.9	11.4	25.3	7.8	6.3	10.6	9.5	0.0	6.6	11.3	10.6	11.7	8.3	4.8	13.1	14.0	
	No Answer	0.6	0.0	0.0	1.0	0.8	0.0	1.2	0.0	0.0	0.4	2.1	0.5	0.6	0.0	0.0	0.0	0.0	0.0	0.0	11.4	0.0	0.0	
e. Education is the best way of preventing drug abuse.	Agree	76.8	61.7	65.3	85.9	80.5	77.1	76.5	80.3	70.6	79.8	66.9	80.4	75.3	90.9	77.6	76.7	81.3	69.9	78.0	88.9	75.1	67.4	
	Disagree	15.8	24.5	24.9	7.1	14.0	17.6	14.1	14.0	14.7	12.4	25.3	12.7	17.1	7.0	12.2	15.7	9.8	25.0	13.6	11.1	17.0	21.8	
	Not Sure	6.5	13.8	7.5	6.2	4.7	4.7	8.2	4.7	14.7	6.6	7.3	5.9	6.7	2.0	9.1	7.6	8.8	5.1	1.5	0.0	7.9	9.6	
	No Answer	0.9	0.0	2.3	0.8	0.8	0.6	1.3	1.0	0.0	1.2	0.5	1.0	0.9	0.0	1.0	0.0	0.0	0.0	6.9	0.0	0.0	1.3	
f. People can use drugs to find out more about themselves.	Agree	10.8	15.7	13.3	7.8	9.8	9.5	12.0	10.6	15.3	8.6	13.6	11.4	10.5	0.0	7.4	13.7	13.2	9.6	18.5	13.7	4.4	12.2	
	Disagree	81.8	75.8	76.9	84.4	83.7	82.7	81.0	85.1	79.6	82.0	76.4	81.0	82.2	100.0	82.8	83.3	79.6	83.8	69.1	73.3	84.8	79.7	
	Not Sure	6.0	8.5	7.7	6.0	5.0	6.8	5.2	3.0	2.6	8.6	7.9	5.3	6.3	0.0	9.7	3.0	4.2	5.7	7.6	4.6	10.8	8.1	
	No Answer	1.4	0.0	2.1	1.7	1.4	1.0	1.8	1.3	2.5	0.9	2.1	2.3	1.0	0.0	0.0	0.0	3.0	0.9	4.9	8.4	0.0	0.0	
g. Drug use should be a matter of personal decision.	Agree	47.1	70.5	75.4	42.9	35.6	42.4	51.6	47.7	57.3	41.8	52.3	46.7	47.2	38.6	55.2	46.2	55.6	48.2	50.7	45.7	38.2	38.0	
	Disagree	47.4	16.8	21.1	50.1	60.3	50.6	44.4	45.5	37.1	53.5	43.3	47.4	47.4	57.0	37.6	50.7	42.0	43.2	46.6	51.6	58.7	49.6	
	Not Sure	4.1	12.7	3.5	6.1	1.9	4.2	4.0	3.4	5.6	4.8	3.8	4.7	3.9	4.4	3.8	1.2	2.4	7.7	2.6	2.7	3.1	8.5	
	No Answer	1.4	0.0	0.0	0.9	2.2	2.8	0.0	3.3	0.0	0.0	0.7	1.2	1.5	0.0	3.5	1.9	0.0	0.9	0.0	0.0	0.0	4.0	

TABLE 1. (continued)

Attitudes toward Drugs	Response	Overall	Age				Sex		Household Head's Education				Residence		Household Head's Occupation									
			14-17	18-24	25-34	35 +	Male	Female	College	Vo-tech	H.S. Degree	Less than H.S.	Urban	Rural	Executive	Manager	Admin-istrator	Clerical/Sales	Skilled Worker	Machine Operator	Unskilled Worker	Agricultural	No Data	
h. Amphetamines - "pep" or "diet pills" can produce psychological dependence.	Agree	76.5	67.4	71.7	82.4	78.0	75.1	77.8	84.1	61.5	78.0	64.0	75.0	77.1	95.8	84.6	79.4	82.8	68.7	73.3	55.2	76.5	68.0	
	Disagree	7.7	6.9	7.6	5.4	8.6	8.3	7.1	5.1	8.8	5.4	16.1	9.5	7.0	0.0	1.4	6.9	7.8	10.3	8.1	29.8	7.6	6.7	
	Not Sure	15.4	25.6	20.6	12.2	12.6	15.6	15.1	9.5	29.7	16.6	19.8	15.5	15.3	4.2	14.1	13.7	9.5	21.0	18.6	15.0	15.9	21.3	
	No Answer	0.4	0.0	0.0	0.0	0.8	0.9	0.0	1.2	0.0	0.0	0.0	0.0	0.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	4.0	
i. A lot of people need drugs to cope with stress.	Agree	51.7	59.2	53.8	61.3	46.9	49.2	54.2	48.3	52.2	51.9	57.4	52.5	51.4	29.3	51.4	49.7	65.4	50.0	55.6	61.1	53.4	47.7	
	Disagree	40.3	26.8	37.8	35.2	45.2	43.4	37.3	40.5	45.4	41.9	35.8	41.6	39.7	45.8	44.1	45.9	26.7	38.3	41.9	33.4	32.4	48.7	
	Not Sure	7.3	12.1	8.4	2.6	7.3	6.8	7.7	10.8	2.3	5.1	6.1	4.5	8.4	22.8	4.6	4.4	6.7	11.7	2.6	5.5	14.1	0.0	
	No Answer	0.7	1.9	0.0	0.9	0.5	0.6	0.8	0.4	0.0	1.1	0.7	1.4	0.4	2.2	0.0	0.0	1.2	0.0	0.0	0.0	0.0	3.6	
j. Strict and harsh punishment of drug abusers will keep others from using drugs.	Agree	42.6	32.8	22.6	40.7	50.5	40.6	44.5	40.5	28.6	51.1	35.3	48.2	40.3	36.9	51.8	44.9	50.8	36.7	41.4	22.1	48.3	36.5	
	Disagree	51.3	60.3	68.5	55.0	43.7	54.1	48.5	51.7	61.7	45.7	57.2	48.4	52.5	56.0	44.2	46.5	45.0	62.4	50.0	63.8	40.3	59.6	
	Not Sure	6.2	6.9	8.9	4.3	5.8	5.3	7.0	7.8	9.7	3.2	7.5	3.4	7.3	7.0	4.0	8.6	4.2	0.9	8.6	14.1	11.3	3.9	
	No Answer	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
k. Smoking marihuana is no more harmful than drinking liquor.	Agree	37.0	42.7	58.7	42.0	28.6	37.6	36.5	41.4	26.0	36.5	33.2	39.0	36.3	52.6	34.0	28.9	41.9	31.1	51.8	54.8	27.7	35.4	
	Disagree	41.8	37.7	21.4	38.0	49.2	40.4	43.2	39.7	37.4	43.4	44.1	37.8	43.5	43.1	43.8	51.6	37.3	44.5	22.6	38.0	47.9	36.4	
	Not Sure	20.3	19.6	18.2	19.1	21.4	20.5	20.1	16.7	36.5	20.2	22.7	22.8	19.3	2.2	22.2	19.5	20.8	24.4	25.5	7.2	24.4	22.0	
	No Answer	0.8	0.0	1.6	0.9	0.8	1.5	0.2	2.2	0.0	0.0	0.0	0.0	0.5	1.0	2.2	0.0	0.0	0.0	0.0	0.0	0.0	6.2	
l. Barbiturates - prescription sleeping pills, can lead to physical as well as psychological dependence.	Agree	83.6	69.0	82.4	89.4	85.5	81.0	86.2	87.0	80.6	82.8	79.8	87.9	81.9	95.7	85.8	84.2	86.6	75.0	92.5	74.8	73.0	87.3	
	Disagree	5.9	6.7	9.9	3.6	5.3	6.4	5.4	5.0	5.1	5.5	8.3	4.5	6.5	2.2	1.9	5.1	1.2	8.0	4.5	15.5	13.7	6.3	
	Not Sure	10.5	24.3	7.7	7.0	9.3	12.6	8.4	8.0	14.3	11.6	11.9	7.6	11.7	2.0	12.3	10.7	12.2	17.0	2.9	9.7	13.3	6.4	
	No Answer	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
m. L.S.D. can cause chromosome change - birth defects.	Agree	83.5	84.3	80.1	83.5	84.3	77.3	89.7	81.4	97.5	82.9	84.9	82.1	84.1	81.1	87.6	87.3	85.6	79.4	82.7	85.6	86.9	75.0	
	Disagree	2.3	1.1	6.3	2.6	1.4	3.7	0.9	3.1	0.0	1.9	2.3	2.8	2.1	11.8	1.0	0.7	0.0	1.6	3.0	9.3	0.0	2.3	
	Not Sure	13.7	14.6	13.6	13.9	13.5	18.0	9.4	14.4	2.5	15.3	12.8	15.1	13.1	7.0	11.3	12.0	14.4	19.0	14.4	5.1	13.1	18.7	
	No Answer	0.4	0.0	0.0	0.0	0.8	0.9	0.0	1.2	0.0	0.0	0.0	0.0	0.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	4.0	
n. The medical benefits from most prescription drugs out-weigh the risk that they might be misused.	Agree	77.7	72.5	65.6	80.0	81.5	78.3	77.2	77.7	50.0	81.3	79.0	67.9	81.7	79.8	75.8	80.5	81.6	77.4	77.3	86.9	70.1	72.8	
	Disagree	15.1	14.1	25.2	14.8	12.7	14.7	15.6	15.0	32.6	14.0	12.6	22.8	12.0	20.2	19.4	9.7	11.8	13.5	21.6	9.5	20.4	15.4	
	Not Sure	7.0	13.4	8.4	5.2	5.8	6.8	7.2	7.0	17.4	4.7	8.4	9.3	6.1	0.0	3.9	9.8	6.6	9.2	1.2	3.6	9.5	11.8	
	No Answer	0.1	0.0	0.8	0.0	0.0	0.3	0.0	0.3	0.0	0.0	0.0	0.0	0.2	0.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
o. Most people who smoke marihuana use it for a while and then go to something stronger.	Agree	53.8	44.4	30.9	48.9	63.3	49.6	57.9	40.1	50.6	65.8	58.4	58.3	51.9	39.3	49.1	54.9	65.7	55.3	39.2	67.1	47.4	61.8	
	Disagree	22.2	33.4	51.3	26.0	10.9	26.1	18.3	31.9	17.5	15.5	17.5	22.7	22.0	40.3	29.6	22.4	11.6	23.9	29.8	20.7	10.4	15.4	
	Not Sure	23.3	22.2	17.8	23.4	25.0	22.9	23.8	26.0	31.9	18.7	24.2	18.6	25.3	18.2	20.3	22.7	22.7	20.8	31.0	12.2	42.2	18.8	
	No Answer	0.7	0.0	0.0	1.7	0.8	1.5	0.0	1.9	0.0	0.0	0.0	0.5	0.8	2.2	1.0	0.0	0.0	0.0	0.0	0.0	0.0	4.0	

Discussion

There was general concensus among the population on eight of the fifteen items; that is, more than 75% either agreed or disagreed with eight of the given statements. The following statements elicited general consensus.

--Everyone should try drugs at least once to find out what they are like.	95.8% disagreed
--Sniffing glue can damage the brain.	86.2% agreed
--Barbiturates - prescription sleeping pills, can lead to physical as well as psychological dependence.	83.6% agreed
--L.S.D. can cause chromosome change and birth defects.	83.5% agreed
--People can use drugs to find out more about themselves.	81.8% disagreed
--The medical benefits from most prescription drugs outweigh the risk that they might be misused.	77.7% agreed
--Education is the best way of preventing drug abuse.	76.8% agreed
--Amphetamines - "pep" or "diet pills" can produce psychological dependence.	76.5% agreed

The balance of the percentages in each case represent those holding the opposing opinion and those who were not sure.

Briefly, the population is in agreement that barbiturates, amphetamines, L.S.D., and glue can cause physical or psychological problems. There is a strong concensus that drugs should not be taken for experimental purposes but that the medical benefits from drugs outweigh the risk of misuse. Education is viewed as the most effective means of preventing drug abuse.

The greatest lack of consensus among the overall population appeared with the following statements.

--Drug use should be a matter of personal decision.	47.1% agreed 47.4% disagreed
--Strict and harsh punishment of drug abusers will keep others from using drugs.	42.6% agreed 51.3% disagreed

The small percentage balance in each case represents those who were not sure or who gave no answer. Obviously, there are two nearly equally divided camps on these statements, which indicates a real divergency of opinion in the area of drug control. That is, there is no consensus concerning the application of strict punishment as a deterrent to drug abuse; neither is there consensus regarding where the decision to use drugs should lie.

The following statements demonstrate not only a lack of consensus but are especially noteworthy because of the proportion expressing uncertainty.

--Most people who smoke marihuana use it for a long time but never use anything stronger.	13.1% agreed 56.4% disagreed 29.7% not sure
--Most people who smoke marihuana use it for a while and then go to something stronger.	53.8% agreed 22.2% disagreed 23.3% not sure
--Smoking marihuana is no more harmful than drinking liquor.	37.0% agreed 41.8% disagreed 20.3% not sure

Succinctly, these responses illustrate that there is no consensus concerning the addictive potential or harmful effects of marihuana. Although those taking a stand on the issue tend to view marihuana usage more unfavorably than favorably, what stands out regarding these three statements is the amount of uncertainty not expressed elsewhere. It seems probable that the uncertainty associated with marihuana usage may well be a reflection of the lack of actual, substantiated knowledge about it.

Attitudes and age. A more detailed examination of the preceding tables reveals that age is an important variable as associated with drug attitudes. A direct association between age and an unfavorable perspective toward drug usage was evident. As age increased, one generally became more fearful of physical and psychological damage, viewed marihuana as more harmful, and was more inclined to favor strict punishment for users.

This pattern persisted throughout all the statements. The 35 + age group always viewed drug usage least favorably, the 25-34 age group viewed usage slightly more favorably; but the younger age groups, 14-17 and 18-24, were always the most favorably disposed toward drugs and their usage. Often the 18-24 age group was more favorably disposed toward drug usage than the younger 14-17 year group. This finding seems reasonable, assuming that parental influence would be greater among the younger of the two groups.

Agreement among age groups was greatest concerning the effects of L.S.D. and glue. For example, 83.7% of the youngest group and 85.5% of the oldest one felt glue sniffing could cause brain damage. The 14-17 year group tended to be least in agreement with other groups concerning amphetamine and barbiturate dependence. For example, 67.4% of the 14-17 age group and 78.0% of those 35 or older thought amphetamine usage could lead to dependence. Likewise, 69.0% of those 14-17 and 85.5% of those 35 and over felt that barbiturate use could lead to physical as well as psychological dependence. It should be noted that the difference between youth and adult groups on those issues is best explained by uncertainty. Uncertainty regarding barbiturate dependence was 24.3% for the 14-17's and 9.3% for the 35 +'s. For amphetamine dependence, uncertainty was 25.6% for the former

and 12.6% for the latter. It might be noted here that on most statements the 14-17 year olds expressed the greatest degree of uncertainty, the only exception being a greater degree of uncertainty expressed by the 35 + group concerning the addictive qualities of marihuana.

Youth groups were more favorably inclined toward marihuana as evidenced on Table 1. However, as previously mentioned the most uncertainty revolved around marihuana, regardless of age group. But 35 + expressed the most, whereas, youth groups were most unsure about pep pills and barbiturate dependence.

Concerning drug control, 70.5% of the 14-17's as compared to only 35.6% of the 35 +'s felt drug use should be a personal decision. Likewise, 22.6% of the 18-24's compared to 50.5% of the 35 +'s felt that usage could be curtailed by strict punishment. It is of interest to note, nevertheless, that among the oldest group there were still sizable divisions of opinion on these issues. Due to proportional inclusion of respondents by age groups, the overall distribution is not greatly influenced by inclusion of more lenient youths. Therefore, the clear dichotomy of opinion expressed here remains when considering those 35 and older.

An interesting facet among age groups is that youths place less importance than adults on education for preventing drug abuse. Almost 62.0% of the youngest group and over 80.0% of the oldest one agreed that this is the best means of preventing abuse.

Attitudes and sex. A respondent's sex had very little effect on one's perspective toward drug usage. Generally, males were somewhat more inclined to view drug usage favorably than were females. This was demonstrated on twelve of the fifteen attitudinal statements. However, slightly

more females than males felt drug usage would help one find out more about one's self, that it is needed to cope with stress, and that usage should be a personal decision. Females tended to be somewhat more unsure than males on the majority of the statements. None of these differences were really great. The largest differences appeared with 89.7% of the females and 77.3% of the males agreeing that L.S.D. can cause chromosome change and birth defects, and with 19.5% of the former and 31.0% of the latter agreeing that marihuana is all right in moderation.

Attitudes and education. It is imperative to note here that education level is that of the head of the household, not necessarily the respondent, though in some cases the respondent was the head. Therefore, it should be remembered that education as used here is most accurately viewed as a dimension of social class. This is a necessary distinction since some of the respondents were high school, college, and vo-tech students and hence, unless independent of their parents, were not the head of the household.

At first glance there seems to be no meaningful pattern between education and attitudes, but a closer inspection reveals a few recurrent patterns. This section will attempt to point out some characteristic attitudes of those with different levels of education, excluding the vo-tech group because it does not neatly fit into an educational continuum and because it shows a rather unconventional response pattern. This latter group will therefore be discussed separately.

In reviewing the statements concerning marihuana, it is evident that the college educational group viewed the drug as less harmful and less addictive than did those with a high school degree and those having less than a high school education. A curvilinear pattern appears to emerge

showing that those with high school degrees were somewhat more antagonistic toward marihuana than were those both with less than a high school education and college experience. For example, responses to the statement that "most people who smoke marihuana use it for a while and then go to something stronger" show that 40.1% of the respondents whose head of household was college educated agreed; of those whose head had less than a high school education, 58.4% agreed; and of those with high school degrees, 65.8% agreed.

There was an insignificant difference among these three groups as to whether L.S.D. and glue sniffing can cause physical damage. Our results show the college education group to be slightly less in accordance with these two statements than the other two groups were.

However, when statements concerning both amphetamine and barbiturate dependence are examined, one notices a different association. Fewer of those in the least education group believed these drugs to be addictive than did those having more education. For example, this pattern is evident on the amphetamine item which reads "'pep' or 'diet pills' can produce psychological dependence." Over 84.0% in the college group agreed, 78.0% in the high school degree group agreed, but only 64.0% of those with less than a high school education concurred.

Within these same three groups, those having the lowest education were least in favor of strict punishment as an effective means of keeping others from using drugs and most inclined to think usage should be a matter of personal decision. Those with high school degrees were more in favor of strict punishment and least inclined to think usage should be a personal decision. The college education group fell between these two with the

largest discrepancy appearing on the latter question, between them and those having a high school degree: 40.5% compared to 51.1%, respectively. If education of head of household is a dimension of social class, then we might be observing via these curvilinear patterns a hint of what may be termed middle-class conservatism in the areas of drug control and marihuana usage.

Not unexpectedly, those with the most education feel that education is the best way to curtail abuse, while those having the least education are least acceptant of this as the best method. Conversely, more of those with the least amount of education (57.4%) agreed that a lot of people need drugs to cope with stress whereas those in the college educated group had the smallest percentage of persons who concurred (48.3%). Those having a high school degree tended to side with their college counterparts on both of these statements rather than with those having less education. Little differences were revealed among the three groups in regard to experimenting with drugs. For example, over 95.0% disagreed with the statement that everyone should try drugs at least once to find out what they are like.

Those in the vo-tech category were most in favor of experimental usage of drugs. Vo-tech's had the largest percentage of respondents agreeing that people can find out more about themselves through drugs and that everyone should try drugs at least once to find out what they are like (15.3% and 7.0%, respectively). In general, persons in this group were the most pro-drug of the four and the most lenient in their attitudes toward drugs, although almost all (97.5% compared to a range of 81.4% to 84.9% for the other groups) agreed that L.S.D. usage could cause chromosome change or birth defects. They also exhibited a great deal more uncertainty in regard to many of the statements than did those in the other three education categories.

Attitudes and occupation. Unlike the preceding discussion, a no data category is presented which simply means that occupation was not indicated for the respondents. This category (no data) will be discussed as associated with drug usage attitudes because of its size. Since no other variables had sizable frequencies of no data, they have been previously ignored. Occupation, as discussed in this study, is for head of household and is most accurately viewed as a dimension of social class rather than as occupation per se. Like with education, this is especially important when classifying students; the large number of no data's may well represent students who consider themselves independent of parents, yet without an occupation. No data could also represent unemployed or retired persons.

In general, the lowest occupational levels were more favorably disposed toward drug use than were the other occupational categories. Furthermore, it could be said that what appears to be a curvilinear pattern between some attitudes and education, also appears to exist between some attitudes and occupation.

To illustrate this, consider the statement that smoking marihuana is no more harmful than drinking liquor. Here the proportions agreeing are: executives, 52.6%; semi-skilled workers, 51.8%; unskilled workers, 54.8%. Among the middle rank occupations portions agreeing are: technicians, 28.9% and skilled workers, 31.1%. This same pattern is apparent on the statement that marihuana smokers go on to something stronger. Agreeing with this are 39.3% of the executives and 39.2% of semi-skilled workers, compared to 54.9% of technicians, 65.7% of clerks, and 55.3% of skilled workers.

On the other two marihuana statements (Table 1) the lowest occupation groups are more lenient than the middle and higher groups. This association

also is witnessed on attitudes toward other drugs. Glue sniffing was viewed as most dangerous among executives and least harmful by unskilled workers; 100.0% of executives and 76.9% of unskilled workers agreed that glue sniffing can cause brain damage.

Likewise, agreement on the existence of barbiturate dependence was reported by 95.7% of the executives, compared to 74.8% of the unskilled workers. Agreement on amphetamine dependence was reported by 95.8% of executives, compared to 55.2% of the unskilled workers. The middle occupation groups expressed the most uncertainty on amphetamine and barbiturate dependence and reported the most uncertainty on marihuana statements (Table 1).

The lower three occupational groups were less in favor of strict punishment for drug abusers than the upper three occupational groups. Among executives, 51.8% thought it would serve as a deterrent; whereas, among unskilled workers, 22.1% thought it would be a deterrent to drug abuse. Education was viewed as an effective means to prevent drug abuse by 90.9% of the highest occupation category and by 88.9% of the lowest category. Middle occupation groups were least in favor; 69.9% of skilled workers thought it would be a deterrent.

Attitudes and residence. Residence is defined in this study as either urban or rural. This categorization was based on the respondent's place of residence at the time of interview. For further description of the criteria involved, see the discussion of the sampling procedures used.

There were no major differences in the attitudes between urban and rural respondents in Montana. The only statement in which there was more than a 10.0% discrepancy between the two groups concerned the statement of whether medical benefits of drugs outweigh the risk of abuses. Here 67.9%

of urban residents and 81.7% of rural residents agreed. The other differences which are evidenced seem to be quite random with no particular pattern apparent; that is, there is neither a systematic nor significant variation concerning how the groups view certain types of drugs and their addictive qualities.

GENERAL DRUG USE

REPORTED REASONS FOR TAKING DRUGS

Introduction

This section of the study presents self-reported reasons for taking drugs. Each respondent was asked to indicate whether or not he had used a drug for any of a variety of reasons; in all, six different reasons were presented for taking drugs, as shown on Table 2. Since the purpose of this portion of the questionnaire was to begin an inventory of drug use at a most general level, the stated reasons were phrased so that they could all be interpreted as legitimate reasons for using a prescription or legal non-prescription drug. Obviously, a more complete repertoire of reasons would include usage for recreational and social pleasure. However, since association of usage for these purposes would likely be associated with illegal drugs and/or abuse of prescription drugs, these purposes were not probed here. Drug usage for these additional purposes will have to be obtained indirectly by referring to the discussion of appropriate specific drugs in the section which follows this one. This deletion was intended to help introduce the questionnaire in the least threatening manner.

Table 2 presents a profile of drug consumption in Montana by purpose of usage. First, characteristics for the total population are shown, followed by variations exhibited by four different subgroups. The latter include sex, level of education and occupation of head of household, and residence.

Discussion

The most common reason Montanans report for taking drugs or medicines is to alleviate pain. A majority, 87.3%, have at least used something at

one time to relieve headaches, backaches, or muscular pains. Not unexpectedly, another large portion have used drugs or medicines for curative purposes. More than half, 50.6% report usage to cure or prevent a serious illness of some kind. More than one-fourth of the population has used drugs for sedative purposes; specifically, 29.1% have used drugs to calm down and 27.4% have used drugs to help induce sleep. Another sizable portion, about one-sixth of the total, has used drugs for stimulatory purposes; for example, 16.2% reported using drugs to lose or control weight, while 16.0% had used drugs to pep up or relieve a tired feeling. The same reasons for drug usage were also computed for subgroups, according to age, sex, head of household's level of education and occupation, and residence.

For curative purposes the oldest group, those 35 and above, reported having used most often. Over 55.0% of those 35 and older, compared to 37.8% of those between 18-24, have used drugs for this purpose. Males indicated a higher rate of usage than did females, 56.6% compared to 44.7%, respectively. When the head of household's education was less than high school or was vocational training, the rate of usage was higher than it was for those who had gone to college or had graduated from high school. Use was greater among the higher occupational categories than within the lower occupational categories. Residence made no difference in amount of reported usage for curative purposes.

There was no systematic pattern of drug usage for pain among the different age groups. Those in the 18-24 cohort reported using drugs for this purpose the most. However, 91.4% of the females, compared to 83.1% of males, stated that they had used them for this reason. When the head of household's education was vocational training or less than high school,

usage was greater than when the educational level was high school or college. For occupation, the opposite pattern appears; those with the higher occupations have a greater portion of use than those with the lower occupations. Again, residence made no difference.

To induce sleep drugs were taken by those 35 and older more than among the other age groups. Interestingly, the 18-24 age group used drugs for sleep more than the 25-34 cohort did, and the youngest group, ages 14-17, used them for this purpose the least. Females stated that they had used drugs for helping them get to sleep more than males did, 38.6% compared to 21.2%. Again, use was slightly greater in households in which the head of household's education was vocational training or less than high school than it was at the college or high school level. Use for this purpose was most common among the lower two occupational categories and the highest occupational category. Residence made no difference.

Drugs used to calm down or relieve nervous tension were taken equivalently by the 35 + and the 18-24 year groups (both approximately 31.0%). The youngest group used them for this purpose the least (17.1%), with those 25-34 closer to the other two groups (28.3% reported that they had used drugs for sedative purposes). Usage among females was 35.2%, compared to 22.9% for males. As for education level, usage was highest when the head of the household's education was a high school degree or vocational training. Similarly, usage was higher among the lower ranked occupational categories than among the higher ones. Residence made no difference.

Utilization of drugs for weight control occurred proportionately more often in the 25-34 age group. Additionally, 21.5% of females and 10.8% of males used drugs for this purpose. There was no substantial difference

among education level concerning the use of drugs to lose or control weight. Likewise, with occupation there is no systematic pattern. A greater proportion of rural respondents than urban respondents take drugs for weight control; this is 19.0% to 9.3%, respectively.

Taking drugs to relieve a tired feeling or to gain pep was reported most often by the 18-24 age group. Comparatively, 29.1% of those in this category did so compared to only 14.4% in the 35 + category. Males used drugs for these purposes slightly more than did females (18.0% compared to 14.1%, respectively). Education level of the head of household made no difference, and occupation was not related in any systematic manner. Residence, again, was not associated.

Viewed differently, age seems to influence usage in several ways. There is a suggestion of bi-modality by the 35 + cohort and the 18-24 cohort, both reporting a larger percentage taking drugs to help induce sleep and to calm down than the other two age groups did. The 18-24 cohort also reported the most usage for gaining pep and for relieving pain. For controlling weight, drugs were taken most among those ages 25-34, and the group reporting drug usage most for curative reasons were those ages 35 and over.

A greater proportion of males than females have used drugs for curative purposes, and slightly more for pep. In contrast, a higher percentage of females have used drugs to calm down, to sleep, to control weight, and to ease pain.

When the head of household's education was college level, usage for all the above stated purposes was less than for the other three groups. When the head's education was vo-tech or less than high school, use for curing or preventing a serious illness, relieving pain, and helping to induce

sleep was greater than among the other two groups. When the head's education level was vocational training or when the occupational category was executive, manager, etc., use was generally greater for curative and analgesic reasons than among the lower ranked occupations. Those among the lower ranked occupations used drugs more often than those among higher occupations for calming and inducing sleep; although the highest occupational category reports a high proportion using for this purpose, too.

TABLE 2. PERCENTAGE OF DISTRIBUTION OF RESPONDENTS' REASONS FOR TAKING DRUGS ACCORDING TO AGE, SEX, EDUCATION, RESIDENCE, AND OCCUPATION

Reason for Taking Drugs	Response	Overall	Age				Sex		Household Head's Education				Residence		Household Head's Occupation									
			14-17	18-24	25-34	35 +	Male	Female	College	Vo-tech	H.S. Degree	Less than H.S.	Urban	Rural	Executive	Manager	Admini- strator	Clerical/ Sales	Skilled Worker	Machine Operator	Unskilled Worker	Agricultural	No Data	
a. To cure or prevent a serious illness of any kind.	Has Used	50.6	48.1	37.8	48.1	55.3	56.6	44.7	50.1	57.5	47.3	55.6	48.7	51.4	59.1	57.9	59.4	39.3	50.7	47.0	49.7	44.9	42.7	
	Never Used	48.0	48.7	59.7	51.0	43.9	42.9	53.1	49.3	40.5	51.9	41.1	50.3	47.1	40.9	42.1	40.6	59.5	47.5	47.2	47.6	53.6	56.3	
	Not Sure	1.4	3.2	2.6	0.9	0.8	0.5	2.2	0.7	1.9	0.9	3.3	1.0	1.5	0.0	0.0	0.0	1.2	1.8	5.8	2.8	1.5	1.0	
b. To relieve a headache, back-ache, or muscular pain.	Has Used	87.3	83.3	92.2	87.7	86.7	83.1	91.4	86.9	92.6	84.5	91.5	84.1	88.6	95.8	91.3	84.1	84.0	84.8	85.9	92.6	95.6	82.2	
	Never Used	12.4	16.7	7.1	11.3	13.3	16.9	8.1	12.4	7.4	15.5	8.5	15.4	11.3	4.2	8.7	15.9	14.7	15.2	14.1	7.4	4.4	16.8	
	Not Sure	0.3	0.0	0.7	1.0	0.0	0.0	0.5	0.7	0.0	0.0	0.0	0.5	0.2	0.0	0.0	0.0	1.3	0.0	0.0	0.0	0.0	1.0	
c. To help you get to sleep.	Has Used	27.4	15.7	28.1	21.9	31.3	21.2	33.6	26.1	34.9	27.1	28.4	24.9	28.5	34.7	22.8	27.2	26.3	25.9	35.5	30.3	36.7	17.0	
	Never Used	71.3	84.3	68.8	75.5	67.9	78.0	64.6	72.6	63.2	72.5	68.9	74.6	69.9	63.2	77.2	72.1	72.5	74.1	63.3	61.3	63.3	79.8	
	Not Sure	1.3	0.0	3.1	2.6	0.8	0.8	1.8	1.3	1.9	0.4	2.7	0.5	1.6	2.2	0.0	0.7	1.2	0.0	1.2	8.4	0.0	3.2	
d. To lose or control your weight.	Has Used	16.2	5.6	16.8	21.1	16.9	10.8	21.5	16.8	17.6	17.6	12.3	9.3	19.0	21.2	10.9	16.2	24.8	12.3	27.1	7.3	18.6	9.0	
	Never Used	83.2	94.4	82.5	78.9	82.3	88.3	78.3	83.2	80.4	81.1	87.7	90.7	80.2	78.8	89.1	83.8	75.2	84.2	72.9	92.7	81.4	91.0	
	Not Sure	0.6	0.0	0.7	0.0	0.8	0.9	0.2	0.0	1.9	1.2	0.0	0.0	0.8	0.0	0.0	0.0	0.0	3.5	0.0	0.0	0.0	0.0	
e. To relieve a tired feeling or pep you up when you have to keep going.	Has Used	16.0	11.1	29.1	13.0	14.4	18.0	14.1	16.0	12.7	16.2	16.6	14.5	16.6	8.5	18.9	12.5	22.1	11.1	10.2	25.2	12.5	26.6	
	Never Used	83.2	88.9	68.7	87.0	84.8	80.9	85.5	83.7	85.4	82.2	83.4	85.5	82.3	91.5	81.1	87.5	77.9	85.2	88.6	72.3	87.5	73.4	
	Not Sure	0.8	0.0	2.3	0.0	0.8	1.2	0.4	0.3	1.9	1.6	0.0	0.0	1.1	0.0	0.0	0.0	0.0	3.5	1.2	2.5	0.0	0.0	
f. To calm you down or relieve nervous tension.	Has Used	29.1	17.1	31.2	28.3	31.3	22.9	35.2	24.9	32.9	35.2	25.0	29.7	28.8	27.7	21.4	29.8	24.6	35.5	35.7	32.1	33.0	23.2	
	Never Used	69.5	82.9	67.4	70.0	67.1	74.8	64.4	74.1	67.1	62.0	75.0	70.3	69.2	72.3	74.1	69.4	74.5	61.7	63.2	67.9	67.0	76.8	
	Not Sure	1.4	0.0	1.4	1.7	1.6	2.4	0.4	1.0	0.0	2.8	0.0	0.0	2.0	0.0	4.5	0.7	0.9	2.3	1.2	0.0	0.0	0.0	

SPECIFIC DRUG USE

Introduction

The major concern of the interview schedule was to collect data on the incidence, prevalence, and extent of specific drug usage in the State of Montana. Additionally, an attempt was made to understand how each drug was obtained, and where and how each drug was used. In this study data was accumulated for the following seventeen drugs and/or drug groups:

1. Barbiturates
2. Nonbarbiturate Sedative Hypnotics
3. Relaxants and Minor Tranquilizers
4. Major Tranquilizers
5. Antidepressants
6. Pep Pills
7. Diet Pills
8. Noncontrolled Narcotics and Prescription Non-narcotic Analgesics
9. Controlled Narcotics
10. Other Stimulants
11. Marihuana/Hashish
12. LSD
13. Other Psychotogens
14. Methedrine/Methamphetamine
15. Heroin
16. Cocaine
17. Solvents/Inhalants

Results are presented for each drug or drug group separately. The purpose of this presentation is to describe highlights of the findings. No attempt is made at detailed description. It is proper to acknowledge here that the following style of presentation is modeled after that used by Chambers for a survey study of drug usage in New York.* A modification of his format has been utilized here since for the objectives of this report it

* Carl Chambers, An Assessment of Drug Use in the General Population, New York State Narcotic Addiction Control Commission, 1971.

proved to be the most concise and straightforward mode of presentation. The intent of the following style is to frame the findings in the most general perspective; comprehension does not require a statistical background.

For each drug or drug group, findings are structured into the following format of presentation:

First, a brief introduction is given for each drug or drug group explaining what the substance is and its most general physiological and psychological effects. References, relied upon for specific knowledge in these introductions, are contained in a selected bibliography (see p. 134). This introduction is followed by discussions of the following three tables.

A prevalence and incidence table gives the distribution, within the general population and weighted subgroups, for those who have never used the drug or drug groups, for prior users (no use during the past six months), for infrequent users (usage is weekly or less often during the past six months), and for the regular users (usage more than once a week). These figures have all been projected for the State of Montana.

A demographic characteristics table for regular users and all users (a total of regular and infrequent users) provides these distributions by age, sex, head of household's education and occupation, and residence. Due to the small number of users of certain drugs, it is not always possible to give detailed descriptions. Furthermore, it is advisable to remember that these findings represent what was discovered within the sample, and may not always accurately portray particular types of users. In spite of this limitation, however, it is comforting to note that demographic characteristics of users in this study are very similar to those of other users observed in other states (See Selected Bibliography).

A use characteristics table for the regular users and all users provides distributions on how the drugs were obtained, how they are used (whether usage is in accordance with a prescription), and where they are used. Again, the above mentioned limitations must be recognized. Additionally, a problem in either obtaining or recording this data is noted. Thus, although these findings are useful, it should be remembered that they are quite minimal.

1. Barbiturates

Barbiturates, commonly referred to as "sleeping pills," come in a variety of forms which include phenobarbital, amobarbital, sodium pentathol, Tuinal, Seconal, etc. Barbiturates act to depress the central nervous system and have a sedating effect when taken in small doses. When taken in larger doses the effect is hypnotic. Because of their ability to produce sleep and euphoria, they have a high potential for misuse. Psychological dependence can develop when these drugs are taken regularly above the prescribed dosage level, and physical dependence can develop at very high dosage levels. When continued usage is intense, tolerance and physical dependence emerge. A condition resembling alcohol drunkenness and/or toxic psychosis results from utilization at this level. Withdrawal from barbiturates is severe and can be more life threatening than opiate withdrawal. It may include convulsions, delirium, and psychosis. Many accidental suicides are the result of toxic overdoses. Such conditions can be further triggered by the lethal combination of alcohol and barbiturates, which act to potentiate one another's effects. In the past, barbiturates were used for a range of psychiatric disturbances but are now being replaced by less addicting, anti-anxiety and anti-psychotic substances.

Incidence and Prevalence of Barbiturate Use

The prevalence of barbiturate use in Montana is projected to be 20.5% of the population ages 14 and above; that is, approximately 112,749 persons have taken a barbiturate at least once (Table 3). The incidence of regular use is 2.3% of the total base population; that is, approximately 11,636 persons ages 14 and above are projected to be using a barbiturate more

frequently than once a week. Obviously, the difference between the overall prevalence of use and the incidence of regular use is accounted for by prior users (no use during the past six months) representing 10.8%, and those defined as infrequent users (using either weekly or less often) representing 7.3%.

Demographic Characteristics of Barbiturate Use

The use of barbiturates is associated with sex in an unusual way. For all users (sum of regular and infrequent users) the percentage of females, 61.8%, is much greater than for males, 38.2%. When a focus on regular users is made, however, the proportions reverse; 63.2% of regular users are male and only 36.8% of regular users are female. While males contributed nearly twice as many regular users as females, females outnumber males in infrequent use. This is a very significant difference since the population was nearly equally divided according to sex.

Age seems to be associated with barbiturate use in the following manner. Of all barbiturate users, 58.7% were 35 or older, 16.0% were 25-34, and 20.9% were 18-24. However, a bi-modal pattern appears when we focus on regular use, regular usage being concentrated for the most part in two age groups; 66.6% of regular users were 35 or older and another 21.3% of regular users were 18-24. Both of these percentages are disproportionately high; that is, the percentage of regular use among these two groups is greater than the percentage these groups comprised of the overall population.

Barbiturate use and occupation, a measure of social class, were not associated in any systematic pattern. A major drawback to examining this relationship is a sizable lack of data on the head of the household's occupation. The no data category could represent students and unemployed

persons or just a systematic absence of data. All we can say from the data presented in Table 4 is that usage was recorded in every occupational category; however, among regular users, usage was concentrated among administrators (24.6%), skilled workers (30.4%), and no data respondents (39.4%). Any generalizations here must be carefully guarded due to incomplete data.

However, when head of household's education, another indicator of social class, is examined relevant to usage, we may be able to obtain a fuller perspective. Again, we see barbiturate use at every educational level, but by far the largest percentage of users are those with high school educations. Among regular users, those with a high school education comprised 53.1% of the total, those with less than a high school education comprised another 25.2%, and those with college experience, 16.2%. These figures are disproportionately high for those with a high school and less than high school education. Therefore, it might be concluded on the basis of head's occupation and education that regular barbiturate usage is largely accounted for by the middle and lower-middle social classes.*

All users of barbiturates were 23.5% urban and 76.5% rural. Regular usage was similar but somewhat more urban than all usage was; regular users were 28.6% urban and 71.4% rural. This demonstrates the fact that the majority of barbiturate use occurs in rural areas, not surprising since the majority of Montana's population resides in rural areas. And, though urban dwellers tend somewhat more toward regular use, there is not a significant difference; the incidence distribution is not significantly

* No scale is employed for measuring social class, but when similar distributions occur together for education and occupation, gross approximations are stated. It is further noted that these approximate social classes are generally associated with different types of drug use in patterns similar to those discovered in other studies; e.g., New York Study by Carl Chambers.

disproportionate from the general population.

In summary, it is projected that there were at least 11,636 persons in Montana during the Fall of 1974 who were using barbiturates more often than weekly. These regular users might be characterized as most often being male, either ages 35 or above or between the ages of 18-24, from middle or lower-middle social classes, and residing in rural areas.

Characteristics of Use Among Barbiturate Users

The data obtained for this study dealt with three primary characteristics relevant to the use of each particular drug. These included items concerning how the drugs were obtained, how they were used in terms of prescribed use versus non-prescribed use, and where the use of the drugs ordinarily occurred.

An analysis of the use characteristics of the barbiturates reveals that a little over one-half (54.2%) of the regular usage occurred with a legal prescription. Over one-third (34.1%) reported that some of the drugs were obtained through the use of a legal prescription, and 11.7% did not respond to the item. A comparison of the regular users with all users shows a smaller percentage of the latter reported all usage with a legal prescription; 64.6% of the regular users of barbiturates stated that their use of the drug was exactly as prescribed by their physician and 24.2% reported non-compliance with the orders of their doctors. The majority of barbiturate use among the regular users was reported to have taken place in the home (89.8%). Only 5.6% of the regular users reported that they used these drugs at social gatherings and 5.9% reported barbiturate use at work. Among all the users of this drug type, 57.4% reported home use.

TABLE 3

PROJECTED PREVALENCE OF BARBITURATE USE IN MONTANA

Social Category	Nonusers ¹		Prior Users ²		Infrequent Users ³		Regular Users ⁴		Total	
	N	%	N	%	N	%	N	%	N	%
Age:										
14-17	56,507	93.2	2,038	3.4	1,377	2.3	716	1.2	60,638	100.0
18-24	58,803	76.7	7,751	10.1	7,635	10.0	2,484	3.2	76,673	100.0
25-34	65,249	81.7	6,860	8.6	7,077	8.9	692	0.9	79,879	100.0
35+	218,613	76.8	37,710	13.2	20,664	7.3	7,744	2.7	284,732	100.0
Sex:										
Male	213,844	85.9	16,717	6.7	11,150	4.5	7,355	3.0	247,067	100.0
Female	185,328	73.3	37,642	14.9	25,604	10.8	4,281	1.7	252,855	100.0
Residence:										
Urban	123,739	85.2	10,100	7.0	8,028	5.5	3,323	2.3	145,189	100.0
Rural	275,434	77.2	44,259	12.4	28,726	8.1	8,314	2.3	356,732	100.0
Total:	399,173	79.5	54,359	10.8	36,754	7.3	11,636	2.3	501,922	100.0

¹No prior use of the drug.

²Having used the drug at some time but not in the last six months.

³Having used the drug from one time to once per week within the last six months.

⁴Having used the drug more often than once per week over the last month.

TABLE -

DEMOGRAPHIC CHARACTERISTICS OF PROJECTED USERS OF BARBITURATES

	Regular Users N**	Regular Users %	All Users N**	All Users %
I. Sex distribution of drug user				
a. Males-----	7,355	63.2	18,505	38.2
b. Females-----	4,281	36.8	29,885	61.8
II. Age distribution of drug user				
a. 14-17-----	716	6.2	2,093	4.3
b. 18-24-----	2,484	21.3	10,119	20.9
c. 25-34-----	692	5.9	7,769	16.0
d. 35 and over-----	7,744	66.6	28,408	58.7
e. No data-----	0	0.0	0	0.0
III. Occupational class of wage earner				
a. Executives-----	647	5.6	4,401	9.0
b. Managers-----	0	0.0	7,350	15.2
c. Administrators-----	2,865	24.6	5,038	10.4
d. Clerks and salespeople-----	0	0.0	1,235	2.6
e. Skilled workers-----	3,542	30.4	9,370	19.4
f. Machine operators-----	0	0.0	3,588	7.4
g. Unskilled workers-----	0	0.0	2,766	5.7
h. Agricultural-----	0	0.0	5,038	10.4
i. No data-----	4,582	39.4	9,603	19.8
IV. Education of head of household				
a. College experience-----	1,882	16.2	13,522	27.9
b. Vocational technical-----	647	5.6	3,793	7.8
c. High school degree-----	6,180	53.1	20,389	42.1
d. Less than high school-----	2,927	25.2	10,686	22.1
e. No data-----	0	0.0	0	0.0
V. Residence				
a. Urban-----	3,323	28.6	11,351	23.5
b. Rural-----	8,314	71.4	37,040	76.5

*N=11,636

**N=48,390

TABLE 5

USE CHARACTERISTICS AMONG THE PROJECTED USERS OF BARBITURATES

	Regular Users N*	Regular Users %	All Users N**	All Users %
I. How the drugs were obtained				
a. All with a legal prescription-----	6,304	54.2	21,755	45.0
b. Some with a legal prescription-----	3,969	34.1	8,905	18.4
c. None with a legal prescription-----	0	0.0	1,955	4.0
d. No data-----	1,363	11.7	15,775	32.6
II. How the drugs were used				
a. Exactly as prescribed-----	7,522	64.6	25,462	52.6
b. Not as prescribed-----	2,820	24.2	8,737	18.1
c. No data-----	1,294	11.1	14,191	29.3
III. Where the drugs were used****				
a. At home-----	10,446	89.8	27,780	57.4
b. At a social gathering-----	647	5.6	1,862	3.8
c. At work-----	692	5.9	1,339	2.8
d. At school-----	0	0.0	647	1.3

*N=11,636

**N=48,390

***May be in excess of 100% due to multiple places of drug use,
or less than 100% due to no response categories.

2. Nonbarbiturate Sedative Hypnotics

Like the barbiturates, this group of drugs acts to depress the central nervous system. These sedatives include bromides, Doriden, Nodular, Notec, Quaalude, Sopar, etc.

What has been said about barbiturates is appropriate for the non-barbiturate sedatives. That is, the effect the drug has, its medical uses, and the consequences of misuse parallel those for barbiturates. Physical addiction for nonbarbiturate sedatives seems to occur only at high dosage levels, when the drug is taken regularly in considerable excess of a therapeutic prescription. Withdrawal at this level, as with barbiturates, can include convulsions, delirium, psychosis, and even death unless detoxification is medically supervised.

Incidence and Prevalence of Nonbarbiturate Sedative Hypnotic Use

The prevalence of nonbarbiturate sedative hypnotic use in the State of Montana is projected to be 4.0% of the population ages 14 and above; that is, approximately 20,760 persons have taken a nonbarbiturate sedative at least once (Table 6). The incidence of regular use is 0.4% of the total base population; that is, approximately 2,211 persons ages 14 and above are projected to have used a nonbarbiturate sedative hypnotic at least five times a month in the Fall of 1974. The difference between overall prevalence and regular use is accounted for by prior users, 1.7% of the population, and infrequent users, 1.9% of the population.

Demographic Characteristics of Nonbarbiturate Sedative Hypnotic Use

The use of nonbarbiturate sedative hypnotics is associated with females. Among all sedative users, 58.9% were female and 41.1% were male (Table 7). This difference is accentuated when looking at regular usage.

Here, more than twice as many females regularly use these drugs; of regular users, 70.7% are female and 29.3% are male.

Age is associated with sedative use in a bi-modal pattern similar to that which occurred between age and barbiturates. Although usage occurred in all age groups, regular usage occurred most frequently among those 35 and older. Among regular users, 70.7% were 35 and over and 29.3% were between the ages of 18-24. It is interesting to note here that, although these percentages are very significantly disproportionate, and the most regular users are from the 35 + cohort, usage among the 18-24 age group is the most overrepresented. Infrequent use is also more common among this younger age group.

Occupational class and sedative use are associated differently depending on intensity of use. Nonbarbiturate sedative usage was recorded in most occupational categories, although unskilled workers (24.2%) and no data respondents (22.0%) contributed the largest number of users. However, all regular usage was confined to executives, 29.3%, and managers, 70.7%. Consequently, all usage occurring apart from managers and executives must necessarily be infrequent use.

In viewing head of household's education and all nonbarbiturate sedative usage, it is apparent that again all usage occurs at every education level, those with college experience and less than a high school education contributing the most to overall usage. Yet, when one concentrates on regular usage, only those with college experience and less than high school report usage. Of all regular users, 29.3% are contributed by the college education group and 70.7% are provided by those with less than a high school education. These figures are quite divergent from the distribution of the population. Therefore, when considering occupation and education together,

it appears that regular usage is concentrated among the highest occupational levels but is also centered in both the highest and lowest education groups. The latter group has disproportionately more users than does the former.

Finally, there is an association between sedative use and residence. On an overall basis, 38.5% of all users are urban and 61.5% are rural. This deviates from the population's urban-rural distribution, all use being somewhat overrepresented by those living in an urban environment. It is observed with regular usage that these proportions reverse. As a result, overrepresentation becomes dramatic. The vast majority of all regular use is reported by urbanites, 70.7%, compared to 29.3% of the rural residents.

In summary, this report projects there to be at least 2,211 Montanans who have used a nonbarbiturate sedative regularly in the Fall of 1974. They are most frequently female, over 35, the head of the household most often has a higher level occupation, and most likely a lower level of education. Regular users are most often from urban areas.

Characteristics of Use Among Nonbarbiturate Sedative Hypnotic Users

Among the regular users of the other sedative drugs, 70.7% reported that all of the drugs of this type that they were using had been obtained through a legal prescription while 29.3% reported obtaining at least some of this type of drug through means other than medical sanction. This is contrasted with the finding that only 25.3% of all users reported that they had obtained their drugs through a doctor and 22.3% reported that some or all of their use of these drugs occurred without benefit of prescription.

The majority, 70.7%, of regular users of the other sedatives reported that their use of the drug was as prescribed and 29.3% reported deviation

from the prescription. When the regular users were analysed with those not using regularly, the data once again shifts to suggest that fewer people among the all users category used the drugs as recommended by the prescribing physician. It was found that 43.2% of all users used the drug exactly as prescribed and that 17.3% did not use as prescribed.

The data suggests that the regular users of the other sedative drugs used the drugs at home (100%) and social gatherings (29.3%). Among all users, one finds less discriminating use in terms of the place of use; 59.0% reported that they used at home, 23.4% reported use at social gatherings, and 11.3% reported use of other sedatives at school.

TABLE 6

PROJECTED PREVALENCE OF OTHER SEDATIVES USE IN MONTANA

Social Category	Nonusers ¹		Prior Users ²		Infrequent Users ³		Regular Users ⁴		Total	
	N	%	N	%	N	%	N	%	N	%
Age:										
14-17	59,315	97.8	661	1.1	661	1.1	0	0.0	60,638	100.0
18-24	70,072	91.4	2,622	3.4	3,332	4.3	647	0.8	76,673	100.0
25-34	76,351	95.6	0	0.0	3,528	4.4	0	0.0	79,879	100.0
35+	275,423	96.7	5,496	1.9	2,249	0.8	1,564	0.5	284,732	100.0
Sex:										
Male	241,738	97.1	2,405	1.0	4,277	1.7	647	0.3	249,067	100.0
Female	239,423	94.7	6,374	2.5	5,494	2.2	1,564	0.6	252,855	100.0
Residence:										
Urban	136,363	93.9	4,212	2.9	3,051	2.1	1,564	1.1	145,189	100.0
Rural	344,798	96.7	4,568	1.3	6,720	1.9	647	0.2	356,732	100.0
Total:	481,161	95.9	8,779	1.7	9,770	1.9	2,211	0.4	501,922	100.0

¹No prior use of the drug.

²Having used the drug at some time but not in the last six months.

³Having used the drug from one time to once per week within the last six months.

⁴Having used the drug more often than once per week over the last month.

TABLE 7

DEMOGRAPHIC CHARACTERISTICS OF PROJECTED USERS OF OTHER SEDATIVES

	Regular Users N**	Regular Users %	All Users N***	All Users %
I. Sex distribution of drug user				
a. Males-----	647	29.3	4,924	41.1
b. Females-----	1,564	70.7	7,058	58.9
II. Age distribution of drug user				
a. 14-17-----	0	0.0	661	5.5
b. 18-24-----	647	29.3	3,979	33.2
c. 25-34-----	0	0.0	3,528	29.4
d. 35 and over-----	1,564	70.7	3,813	31.8
e. No data-----	0	0.0	0	0.0
III. Occupational class of wage earner				
a. Executives-----	647	29.3	1,339	11.2
b. Managers-----	1,564	70.7	2,256	18.8
c. Administrators-----	0	0.0	672	5.6
d. Clerks and salespeople-----	0	0.0	1,490	12.4
e. Skilled workers-----	0	0.0	692	5.8
f. Machine operators-----	0	0.0	0	0.0
g. Unskilled workers-----	0	0.0	2,896	24.2
h. Agricultural-----	0	0.0	0	0.0
i. No data-----	0	0.0	2,637	22.0
IV. Education of head of household				
a. College experience-----	647	29.3	4,193	35.0
b. Vocational technical-----	0	0.0	2,125	17.7
c. High school degree-----	0	0.0	4,100	34.2
d. Less than high school-----	1,564	70.7	1,564	13.1
e. No data-----	0	0.0	0	0.0
V. Residence				
a. Urban-----	1,564	70.7	4,615	38.5
b. Rural-----	647	29.3	7,367	61.5

**N=2,211

***N=11,922

TABLE 8

USE CHARACTERISTICS AMONG THE PROJECTED USERS OF OTHER SEDATIVES

	Regular Users N**	Regular Users %	All Users N***	All Users %
I. How the drugs were obtained				
a. All with a legal prescription-----	1,564	70.7	3,036	25.3
b. Some with a legal prescription-----	647	29.3	1,319	11.0
c. None with a legal prescription-----	0	0.0	1,357	11.3
d. No data-----	0	0.0	6,270	52.3
II. How the drugs were used				
a. Exactly as prescribed-----	1,564	70.7	5,177	43.2
b. Not as prescribed-----	647	29.3	2,074	17.3
c. No data-----	0	0.0	4,731	39.5
III. Where the drugs were used***				
a. At home-----	2,211	100.0	7,076	59.0
b. At a social gathering-----	647	29.3	2,808	23.4
c. At work-----	0	0.0	0	0.0
d. At school-----	0	0.0	1,357	11.3

*N=2,211

**N=11,982

***May be in excess of 100% due to multiple places of drug use,
or less than 100% due to no response categories.

3. Relaxants and Minor Tranquilizers

Relaxants and minor tranquilizers act as depressants in reducing the less severe manifestations of anxiety and tension. However, they do not possess the anesthetic and analgesic properties of sedatives and opiates. There is considerable professional disagreement concerning the classification of relaxants/minor tranquilizers and sedative hypnotics. For the purpose of this report we shall define relaxants/minor tranquilizers to include by brand name Librium, Equanil, Valium, Miltown, etc. Physical dependence can develop with regular use at extremely high dosage levels, in excess of a prescription, but it is less likely than with sedatives. Withdrawal resembles that from barbiturates and other sedatives, but the symptoms are somewhat less pronounced. However, attention should be given to the catalytic effects this drug group can have when taken simultaneously with alcohol, other sedatives, or opiates.

Incidence and Prevalence of Relaxant and Minor Tranquilizer Use

The prevalence of relaxant/minor tranquilizer use in Montana is projected to be 26.4% of the population ages 14 and above. Approximately 132,573 persons have taken a relaxant/minor tranquilizer at least once (Table 9). The incidence of regular use is 3.4% of the total base population. That is, approximately 17,065 persons ages 14 and above are projected to have used a relaxant/minor tranquilizer at least five times a month. Prior users of this drug amount to 14.2% of the population, with infrequent users representing another 8.8%

Demographic Characteristics of Relaxant and Minor Tranquilizer Use

Use of the relaxant/minor tranquilizers is strongly associated with

females. For both all users and regular users, there were almost twice as many females as males using these drugs. This is demonstrated in Table 10; of the regular users, 64.9% were female, and 35.1% were male. The overall incidence of relaxant/minor tranquilizer use is directly correlated with age. Table 10 shows that the greater the age, the greater the incidence of use, with the oldest group containing more than half in each case. While only 5.0% of all users were 14-17, 13.6% were 18-24 years old, 21.8% were 25-34, and 59.6% were 35 or older. This concentration in the oldest cohort becomes more marked when considering regular users. Here 67.3% or a projected 11,482 persons are regular users. Additionally, this amount is disproportionate to this group's representation in the total population.

Tranquilizer use was apparent in each occupational category, and among all users there was no outstanding difference for the most part. However, among regular users, executives contributed the most, 30.0%, administrators were next with 23.0%, followed by clerks, 18.3%. When level of education was considered, the greatest concentration for all users occurred in the college experience and high school degree groups, having 36.6% and 32.4%, respectively. For the college group this concentration increased markedly for regular users (44.1%), a highly disproportionate amount. Viewing occupation and education as dimensions of social class, it appears that minor tranquilizer use is associated with the upper and middle social classes in Montana because, as shown on Table 10, the majority of regular users fell into the highest occupational and educational categories. Those in the higher of these categories are most overrepresented in accordance with their actual numbers.

As for residence, the largest contributor of regular relaxant/minor

tranquilizer users was the rural category: 61.6% of all regular users were rural, and 38.4% were urban. As is noted for some other drugs, however, urban residents are overrepresented.

In summary, this study projects there to be at least 3.4% of the population or 17,065 persons taking tranquilizers regularly, that is, more than five times per month. These users are most often female, over 35 years of age, from upper or middle social classes as measured by head of household's education, and most likely to have a rural residence.

Characteristics of Use Among Relaxant and Minor Tranquilizer Users

The data in Table 11 suggests a somewhat uneven distribution among users in terms of how they obtain their drugs. It was found that 61.4% of the 17,065 regular users of minor tranquilizers obtained them by means of a legal prescription while only 46.7% of all users obtained them in this manner; 17.3% of the regular users reported buying their drugs with a legal prescription some of the time and 16.6% of all users reported at least some prescription purchases.

The majority of both the regular users and all users reported using the drugs exactly as prescribed (62.1% and 55.6%, respectively). It is, however, interesting to note that over one-third of the regular users did not use the drugs as recommended by the prescribing physician. As is the case with other prescription drugs, it was found that most users ingest their drugs at home (100.0% of the regular users and 75.1% of all users), but that more than 10.0% use the drugs at social gatherings, at work, and at school.

TABLE 9

PROJECTED PREVALENCE OF MINOR TRANQUILIZERS USE IN MONTANA

Social Category	Nonusers ¹		Prior Users ²		Infrequent Users ³		Regular Users ⁴		Total	
	N	%	N	%	N	%	N	%	N	%
Age:										
14-17	54,343	89.6	3,219	5.3	3,075	5.1	0	0.0	60,638	100.0
18-24	57,987	75.6	10,310	13.4	5,649	7.4	2,726	3.6	76,673	100.0
25-34	55,119	69.0	11,386	14.3	10,518	13.2	2,857	3.6	79,879	100.0
35+	201,900	70.9	46,214	16.2	25,136	8.8	11,482	4.0	284,732	100.0
Sex:										
Male	202,609	81.3	24,465	9.8	16,001	6.4	5,993	2.4	249,067	100.0
Female	166,741	65.9	46,664	18.5	28,378	11.2	11,072	4.4	252,855	100.0
Residence:										
Urban	109,079	75.1	14,951	10.3	14,603	10.1	6,556	4.5	145,189	100.0
Rural	260,271	73.0	56,178	15.7	29,776	8.3	10,508	2.9	356,732	100.0
Total:	369,349	73.6	71,129	14.2	44,379	8.8	17,065	3.4	501,922	100.0

¹No prior use of the drug.²Having used the drug at some time but not in the last six months.³Having used the drug from one time to once per week within the last six months.⁴Having used the drug more often than once per week over the last month.

TABLE 10

DEMOGRAPHIC CHARACTERISTICS OF PROJECTED USERS OF MINOR TRANQUILIZERS

	Regular Users N*	Regular Users %	All Users N**	All Users %
I. Sex distribution of drug user				
a. Males-----	5,993	35.1	21,994	35.8
b. Females-----	11,072	64.9	39,450	64.2
II. Age distribution of drug user				
a. 14-17-----	0	0.0	3,075	5.0
b. 18-24-----	2,726	16.0	8,375	13.6
c. 25-34-----	2,857	16.7	13,375	21.8
d. 35 and over-----	11,482	67.3	36,618	59.6
e. No data-----	0	0.0	0	0.0
III. Occupational class of wage earner				
a. Executives-----	5,114	30.0	7,278	11.8
b. Managers-----	0	0.0	7,345	12.0
c. Administrators-----	3,931	23.0	11,475	18.7
d. Clerks and salespeople-----	3,129	18.3	7,127	11.6
e. Skilled workers-----	647	3.8	6,988	11.4
f. Machine operators-----	1,536	9.0	2,920	4.8
g. Unskilled workers-----	780	4.6	6,495	10.6
h. Agricultural-----	692	4.1	5,730	9.3
i. No data-----	1,235	7.2	6,083	9.9
IV. Education of head of household				
a. College experience-----	7,519	44.1	22,505	36.6
b. Vocational technical-----	2,108	12.4	6,140	10.0
c. High school degree-----	5,210	30.5	19,902	32.4
d. Less than high school-----	2,228	13.1	12,897	21.0
e. No data-----	0	0.0	0	0.0
V. Residence				
a. Urban-----	6,556	38.4	21,159	34.4
b. Rural-----	10,508	61.6	40,284	65.6

N=17,065

N=61,---

TABLE 11

USE CHARACTERISTICS AMONG THE PROJECTED USERS OF MINOR TRANQUILIZERS

	Regular Users N**	Regular Users %	All Users N**	All Users %
I. How the drugs were obtained				
a. All with a legal prescription-----	10,471	61.4	28,668	46.7
b. Some with a legal prescription-----	2,953	17.3	6,819	11.1
c. None with a legal prescription-----	0	0.0	3,370	5.5
d. No data-----	3,640	21.3	22,587	36.8
II. How the drugs were used				
a. Exactly as prescribed-----	10,601	62.1	34,169	55.6
b. Not as prescribed-----	5,920	34.7	13,495	22.0
c. No data-----	543	3.2	13,779	22.4
III. Where the drugs were used***				
a. At home-----	17,065	100.0	46,616	75.1
b. At a social gathering-----	2,173	12.7	8,284	13.5
c. At work-----	2,173	12.7	6,253	10.2
d. At school-----	0	0.0	672	11.1

*N=17,065

**N=61,444

***May be in excess of 100% due to multiple places of drug use,
or less than 100% due to no response categories.

4. Major Tranquilizers

The major tranquilizers act as a type of depressant in that their primary effect is to reduce panic, fear, hostility, and agitation. They are being employed for the treatment of acute and chronic psychosis and reduce a patient's adverse reactions to hallucinations and delusions. They are used to regulate nonpsychotic thought and behavior patterns as well as to modify psychoses. These drugs can be described by brand name to include Thorazine, Stelazine, Malaril, etc.

There is no evidence that these medications create the physical dependence seen with other depressants. There is no accompanying euphoria, nor is there the sedative quality exhibited by the minor tranquilizers. Additionally, side effects are unpleasant and may include impairment of mental and physical activities. Coordination may be adversely effected. However, the major tranquilizers will potentiate the effect of other depressants on the central nervous system.

Incidence and Prevalence of Major Tranquilizer Use

The prevalence of major tranquilizer use in the State of Montana is projected to be 6.4% of the population ages 14 and above. Approximately 32,167 have taken a major tranquilizer at least once (Table 12). The incidence of regular use, however, is only 0.5% of the population; meaning approximately 2,450 persons are projected to have taken these drugs at least five times per month. It should be remembered that because mental institutions were not included in the study, the incidence of regular use is actually much higher. Other studies project the inclusion of mental patients to double the figures; if this is so, in Montana we could conclude that there are some

5,000 persons in this state who are taking major tranquilizers regularly.

Demographic Characteristics of Major Tranquilizer Use

It will be difficult to accurately describe demographic characteristics of regular users of major tranquilizers due to the small number actually picked up in this sample of Montana users. Thus, what follows solely describes what was obtained by the particular procedures employed and should be viewed as such. Caution should be exercised when making generalizations to the state.

All usage of major tranquilizers is slightly associated with females, as shown in Table 13; 53.9% or 7,023 of the projected 13,040 current users are female. However, all regular users were male. Age was directly correlated with major tranquilizer use. The greater one's age, the more likely he was to have used a major tranquilizer; over 5.0% were 14-17, 9.1% were 18-24, 21.7% were 25-34, and 64.1% were 35 and over. This representation is somewhat disproportionate for the 25-34 year olds and for those 35 and older. Regular use of major tranquilizers is suggested to be very strongly associated with persons ages 35 and above; 71.8% of all regular users were in this category.

Occupational class of wage earner is associated with all users of major tranquilizers in that most use occurs among skilled workers in the middle of the occupational scale. Regular use is found primarily among skilled workers and administrators. When head of household's education is considered, use occurs at all levels, with the largest number of all users having a high school degree. However, regular use in this study is restricted to those with vocational training, 71.8%, and to those with less than a high school education, 28.2%. Again, viewing these latter two variables together as an index of social class, it is concluded that major tranquilizer

use is largely associated with the middle and lower social classes. Use of major tranquilizers is associated with place of residence. Of all users, 24.6% were urban and 75.4% were rural. This is almost proportionate to the population. Conversely, regular usage is 71.8% urban and 28.2% rural. This disproportion to the population is drastic.

In summary, this study projects there to be at least 2,450 (5,000 if we include institutions) regular users of major tranquilizers in the Fall of 1974. Regular usage is most commonly associated with being male, over 35 years of age, of middle or lower social class, and with being a resident of an urban area.

Characteristics of Use Among Major Tranquilizer Users

As summarized in Table 14, the data suggests that the regular users of major tranquilizers ordinarily obtain their drugs by use of a legal prescription (71.8%), whereas only 46.8% of all users obtain the drug this way. It is notable that a majority (71.8%) of the regular users reported that they did not use these drugs as prescribed, contrasted with only 30.1% of all users reporting noncompliance with a doctor's orders. The other significant finding in this section of the analysis is that the primary place of use of these drugs is the home.

TABLE 12

PROJECTED PREVALENCE OF MAJOR TRANQUILIZERS USE IN MONTANA

Social Category	Nonusers ¹		Prior Users ²		Infrequent Users ³		Regular Users ⁴		Total	
	N	%	N	%	N	%	N	%	N	%
Age:										
14-17	59,261	97.7	716	1.2	661	1.1	0	0.0	60,638	100.0
18-24	71,127	92.8	4,356	5.7	1,190	1.6	0	0.0	76,673	100.0
25-34	73,515	92.0	3,528	4.4	2,144	2.7	692	0.9	79,879	100.0
35+	265,853	93.4	10,526	3.7	6,595	2.3	1,758	0.6	284,732	100.0
Sex:										
Male	235,669	94.6	7,380	3.0	3,567	1.4	2,450	1.0	249,067	100.0
Female	234,086	92.6	11,746	4.6	7,023	2.8	0	0.0	252,855	100.0
Residence:										
Urban	137,880	95.0	4,099	2.8	1,452	1.0	1,758	1.2	145,189	100.0
Rural	331,875	93.0	15,027	4.2	9,138	2.6	692	0.2	356,732	100.0
Total:	469,755	93.6	19,126	3.8	10,590	2.1	2,450	0.5	501,922	100.0

¹No prior use of the drug.

²Having used the drug at some time but not in the last six months.

³Having used the drug from one time to once per week within the last six months.

⁴Having used the drug more often than once per week over the last month.

TABLE 13

DEMOGRAPHIC CHARACTERISTICS OF PROJECTED USERS OF MAJOR TRANQUILLIZERS

	Regular Users N**	Regular Users %	All Users N***	All Users %
I. Sex distribution of drug user				
a. Males-----	2,450	100.0	6,017	46.1
b. Females-----	0	0.0	7,023	53.9
II. Age distribution of drug user				
a. 14-17-----	0	0.0	661	5.1
b. 18-24-----	0	0.0	1,190	9.1
c. 25-34-----	692	28.2	2,836	21.7
d. 35 and over-----	1,758	71.8	8,353	64.1
e. No data-----	0	0.0	0	0.0
III. Occupational class of wage earner				
a. Executives-----	0	0.0	0	0.0
b. Managers-----	0	0.0	661	5.1
c. Administrators-----	1,758	71.8	2,430	18.6
d. Clerks and salespeople-----	0	0.0	2,173	16.7
e. Skilled workers-----	692	28.2	4,337	33.3
f. Machine operators-----	0	0.0	2,249	17.2
g. Unskilled workers-----	0	0.0	647	5.0
h. Agricultural-----	0	0.0	0	0.0
i. No data-----	0	0.0	543	4.1
IV. Education of head of household				
a. College experience-----	0	0.0	2,845	21.8
b. Vocational technical-----	1,758	71.8	2,450	18.8
c. High school degree-----	0	0.0	4,965	38.1
d. Less than high school-----	692	28.2	2,780	21.3
e. No data-----	0	0.0	0	0.0
V. Residence				
a. Urban-----	1,758	71.8	3,210	24.6
b. Rural-----	692	28.2	9,830	75.4

N=2,450

N=16,500

TABLE 14

USE CHARACTERISTICS AMONG THE PROJECTED USERS OF MAJOR TRANQUILIZERS

	Regular Users N*	Regular Users %	All Users N**	All Users %
I. How the drugs were obtained				
a. All with a legal prescription-----	1,758	71.8	6,104	46.8
b. Some with a legal prescription-----	0	0.0	661	5.1
c. None with a legal prescription-----	0	0.0	0	0.0
d. No data-----	692	28.2	6,275	48.1
II. How the drugs were used				
a. Exactly as prescribed-----	692	28.2	3,526	27.0
b. Not as prescribed-----	1,758	71.8	3,931	30.1
c. No data-----	0	0.0	5,583	42.8
III. Where the drugs were used***				
a. At home-----	2,450	100.0	7,488	57.4
b. At a social gathering-----	0	0.0	0	0.0
c. At work-----	0	0.0	661	5.1
d. At school-----	0	0.0	0	0.0

*N=2,450

**N=13,040

***May be in excess of 100% due to multiple places of drug use,
or less than 100% due to no response categories.

5. Antidepressants

Antidepressants, referred to as "mood elevators," act peculiarly on the central nervous system in that they seem to simultaneously depress certain activities while stimulating others. Their effect often is described as "taking the edge off," and they have greatly facilitated treatment of depression. The chemical structure differs greatly from those of stimulants, and they have largely replaced the latter in depression treatment. Antidepressants are most commonly marketed as Elavil, Tofranil, Morplan, etc. In clinical practice, usage is generally continued three to six months after optimal improvement has been achieved, and then the drug is gradually withdrawn. Tolerance and physical dependence with this drug has not yet been documented. A probable deterrent of misuse is the wide variety of unpleasant side effects, which include dizziness, dry mouth, blurred vision, and hypotension; also, one's physical performance may be retarded.

Antidepressants will potentiate the effects of alcohol, sedatives, and amphetamines. One should be alerted to the dangers of taking antidepressants concurrently with these other substances as some mixtures are contraindicated.

Incidence and Prevalence of Antidepressant Use

The prevalence of antidepressant use in the State of Montana is projected to be 2.1% of the population ages 14 and above; this means that approximately 10,778 persons have taken an antidepressant at least once (Table 15). There was no regular use reported in this survey. That is, no one is currently reported to be taking antidepressants more often than weekly. Prior users (those having used the drug at some time but not in

the last six months) accounted for 1.6% or a projected 8,027 persons, while infrequent users accounted for an additional 0.5% or 2,751 persons.

Demographic Characteristics of Antidepressant Use

Since no regular users of this drug were recorded, this discussion will pertain solely to all users, which in this case includes only those who are current, infrequent users of antidepressants. Among this group there are slightly more female than male users. Of the total, 52.1% are female, and 47.9% are male (Table 16). If we examine prior users of antidepressants (Table 15), this difference is more extreme. More than twice as many females as males were former users.

Young adults were most involved in current antidepressant use. Those between the ages of 18-24 comprised 75.6% of all users, and the remaining 24.4% were 25-34. Additionally, prior users also contained a large number of people in the 18-24 age group. Although many 35 and over are recorded as prior users, nothing substantial can be deduced since the age at the time of use was not obtained.

Nothing substantial can be stated regarding antidepressant use and head of household's occupation. The largest group of users (52.1%) did not indicate an occupation, which leads one to suspect that these persons may have been students, or were retired or unemployed. As for education, antidepressant users hailed from all four levels. The largest percentage for this variable was represented by the vo-tech group, 32.3% of all users. This figure is overwhelmingly disproportionate, meaning vo-techs are dramatically overrepresented. Due to the large number of no data occupations, no attempt at approximating social class will be made. All that can be said is that antidepressant users appear to be overrepresented among the lower ranked

education categories.

Finally, antidepressant use is occurring more often in urban than in rural areas of residence. Not only is more antidepressant usage occurring here (56.7%), but it is extremely disproportionate from the general population.

Characteristics of Use Among Antidepressant Users

The data shown on Table 17 is inconclusive due to the small incidence of antidepressant use found in the sample.

TABLE 15

PROJECTED PREVALENCE OF ANTIDEPRESSANT USE IN MONTANA

Social Category	Nonusers ¹		Prior Users ²		Infrequent Users ³		Regular Users ⁴		Total	
	N	%	N	%	N	%	N	%	N	%
Age:										
14-17	60,638	100.0	0	0.0	0	0.0	0	0.0	60,638	100.0
18-24	73,161	95.4	1,432	1.9	2,079	2.7	0	0.0	76,673	100.0
25-34	79,207	99.2	0	0.0	672	0.8	0	0.0	79,879	100.0
35+	278,137	97.7	6,595	2.3	0	0.0	0	0.0	284,734	100.0
Sex:										
Male	245,500	98.6	2,249	0.9	1,319	0.5	0	0.0	249,067	100.0
Female	245,644	97.1	5,779	2.3	1,432	0.6	0	0.0	252,855	100.0
Residence:										
Urban	142,739	98.3	889	0.6	1,561	1.1	0	0.0	145,189	100.0
Rural	348,404	97.7	7,138	2.0	1,190	0.3	0	0.0	356,732	100.0
Total:	491,144	97.9	8,027	1.6	2,751	0.5	0	0.0	501,922	100.0

¹No prior use of the drug.

²Having used the drug at some time but not in the last six months.

³Having used the drug from one time to once per week within the last six months.

⁴Having used the drug more often than once per week over the last month.

TABLE 16

DEMOGRAPHIC CHARACTERISTICS OF PROJECTED USERS OF ANTIDEPRESSANTS

	Regular Users N**	Regular Users %	All Users N***	All Users %
I. Sex distribution of drug user				
a. Males-----	0	0.0	1,319	47.9
b. Females-----	0	0.0	1,432	52.1
II. Age distribution of drug user				
a. 14-17-----	0	0.0	0	0.0
b. 18-24-----	0	0.0	2,079	75.6
c. 25-34-----	0	0.0	672	24.4
d. 35 and over-----	0	0.0	0	0.0
e. No data-----	0	0.0	0	0.0
III. Occupational class of wage earner				
a. Executives-----	0	0.0	0	0.0
b. Managers-----	0	0.0	0	0.0
c. Administrators-----	0	0.0	672	24.4
d. Clerks and salespeople-----	0	0.0	0	0.0
e. Skilled workers-----	0	0.0	0	0.0
f. Machine operators-----	0	0.0	0	0.0
g. Unskilled workers-----	0	0.0	647	23.5
h. Agricultural-----	0	0.0	0	0.0
i. No data-----	0	0.0	1,432	52.1
IV. Education of head of household				
a. College experience-----	0	0.0	672	24.4
b. Vocational technical-----	0	0.0	889	32.3
c. High school degree-----	0	0.0	543	19.7
d. Less than high school-----	0	0.0	647	23.5
e. No data-----	0	0.0	0	0.0
V. Residence				
a. Urban-----	0	0.0	1,561	56.7
b. Rural-----	0	0.0	1,190	43.3

**N=0

***N=2,751

TABLE 17

USE CHARACTERISTICS AMONG THE PROJECTED USERS OF ANITDEPRESSANTS

	Regular Users N**	Regular Users %	All Users N**	All Users %
I. How the drugs were obtained				
a. All with a legal prescription-----	0	0.0	0	0.0
b. Some with a legal prescription-----	0	0.0	647	23.5
c. None with a legal prescription-----	0	0.0	0	0.0
d. No data-----	0	0.0	2,104	76.5
II. How the drugs were used				
a. Exactly as prescribed-----	0	0.0	0	0.0
b. Not as prescribed-----	0	0.0	647	23.5
c. No data-----	0	0.0	2,104	76.5
III. Where the drugs were used***				
a. At home-----	0	0.0	647	23.5
b. At a social gathering-----	0	0.0	0	0.0
c. At work-----	0	0.0	0	0.0
d. At school-----	0	0.0	0	0.0

**N=0

***N=2,751

***May be in excess of 100% due to multiple places of drug use,
or less than 100% due to no response categories.

6. Pep Pills

"Pep pills," a form of "speed," are a type of amphetamine often prescribed. For the purpose of this report, "pep pills" will be discussed separately from "diet pills" and methadrine. "Pep pills" are most readily available as Bexedrine and Dexedrine. Their function is to stimulate the central nervous system. Along with this general stimulation, usage creates a feeling of perceived alertness. A "speed" high is euphoric and characterized by feelings of well-being and confidence. In addition to making one feel better and reducing anxiety, "pep pills" are also used to prevent drowsiness and fatigue. However, the initial euphoric sensations can develop into feelings of restlessness, nervousness, and general irritability, often characterized by paranoia. When a high dosage becomes regular, tolerance develops and higher dosages are needed to produce the original effect. Abuse can result in either toxic psychosis, characterized by convulsions, or by a state of extreme paranoia, accompanied by hallucinations. Although psychological dependence is evident, physical dependence has not been conclusively demonstrated. However, a particular kind of withdrawal seems apparent, which is characterized by symptoms of chronic fatigue, drowsiness, and extended sleep. These drugs can contraindicate antidepressants and are known to intensify the effects of hallucinogenic or psychedelic drugs.

Incidence and Prevalence of Pep Pill Use

The prevalence of pep pill use in the State of Montana is projected to be 7.8% of the population ages 14 and above; that is, approximately 39,243 persons have taken a pep pill at least once (Table 18). The incidence of the regular use of these drugs is 1.1% of the base population; that is,

a projected 5,759 persons ages 14 and above reported using pep pills more often than once a week in the Fall of 1974. Infrequent use accounts for 2.6% of the total, and prior users comprise another 4.1%.

Demographic Characteristics of Pep Pill Use

In our sample, use of pep pills was associated with being male for all users. That is, 64.6% of all users were male and 35.4% were female as shown in Table 19. However, when considering regular use, this difference is reversed. Females tended to use these drugs more regularly (57.8% compared to 42.2% for males).

For all users, which includes infrequent users, over half (52.3%) were between the ages of 18-24. The percentages for those between 25-34 and those 35 and older were much smaller and not significantly different (22.3% and 18.8%, respectively). However, the 18-24 and 25-34 age groups were most overrepresented according to the population distribution. A scheme of bi-modality best describes the association between age distribution and regular use of pep pills. The largest percentage of regular users were for those 18-24 (34.3%) and for those 35 and older (30.5%).

Use of pep pills was recorded for every occupational category except agriculture. Unfortunately, for both regular and all users the highest percentages reported were for those who did not indicate occupation (51.4% and 26.9%, respectively). For regular users, the next greatest contributor was skilled workers (27.5%). When viewing the education level of the head of the household, it is noted that for all users use occurred at all levels; the highest percentages were contributed by those with a high school education and those with college experience. When regular users are examined, one sees that 66.9% of the respondents had a high school education and 21.5%

had vocational training. This is drastically disproportionate to the population's education distribution and clearly points to the overrepresentation of middle range educations. There is some suggestion of this with occupation, too, but incomplete data prohibit making a positive conclusion here.

Use of pep pills took place more frequently in urban than in rural areas, 53.8% compared to 46.2%, respectively, for all users. A similar pattern is evident for regular users. What is more, when one recalls the overall residential distribution it is evident that use of pep pills appears to be extremely overrepresented among urban dwellers.

In summary, a projected 7.8% of the population (some 39,243 persons in Montana) have ever used pep pills. Of these, approximately 5,759 persons ages 14 and above are using them regularly. These users can most frequently be described as either 18-24 or 35 +, female, from households with middle range occupations and educations, and more likely residents of an urban than rural setting.

Characteristics of Use Among Pep Pill Users

Of all users, nearly half (46.0%) reported not obtaining all of their pep pills with a legal prescription. As shown in Table 20, 15.2% got some with a legal prescription and 30.8% reported obtaining none with a legal prescription. For regular users, 40.0% got some pep pills with a legal prescription, and 23.1% obtained none this way. The remaining percentages, 54.0% for all users and 36.9% for regular users, fell in the no data category. 28.2% of all users took pep pills not as prescribed and 51.6% of regular users took them this way. 26.4% of all pep pill users ingested at home, 16.3% at social gatherings, 31.1% at work, and 13.0% at school. For regular users this pattern was even more marked with 30.9%

taking such pills at home, 64.8% at work, and 21.1% at social gatherings and at school.

This data suggests that a good deal of use may be occurring with pep pills. Almost half, 46.0%, of all users were not obtaining all of their pills by prescription. This use involves well over 8,000 persons. Also, 51.6% of regular users, 2,973 people, were not taking these drugs as prescribed and a sizable portion of all users, some 3,052 individuals, were using pep pills at social gatherings.

TABLE 18

PROJECTED PREVALENCE OF PEP PILLS USE IN MONTANA

Social Category	Nonusers ¹		Prior Users ²		Infrequent Users ³		Regular Users ⁴		Total	
	N	%	N	%	N	%	N	%	N	%
Age:										
14-17	58,689	96.8	716	1.2	572	0.9	661	1.1	60,638	100.0
18-24	62,149	81.1	4,730	6.2	7,819	10.2	1,976	2.6	76,673	100.0
25-34	69,470	87.0	6,230	7.8	2,816	3.5	1,364	1.7	79,879	100.0
35+	272,372	95.7	8,843	3.1	1,758	0.6	1,758	0.6	284,732	100.0
Sex:										
Male	225,000	90.3	11,971	4.8	9,666	3.9	2,430	1.0	249,067	100.0
Female	237,680	94.0	8,547	3.4	3,299	1.3	3,329	1.3	252,855	100.0
Residence:										
Urban	133,510	92.0	1,599	1.1	6,762	4.7	3,319	2.3	145,189	100.0
Rural	329,170	92.3	18,920	5.3	6,203	1.7	2,440	0.7	356,732	100.0
Total:	462,680	92.2	20,519	4.1	12,965	2.6	5,759	1.1	501,922	100.0

¹No prior use of the drug.

²Having used the drug at some time but not in the last six months.

³Having used the drug from one time to once per week within the last six months.

⁴Having used the drug more often than once per week over the last month.

TABLE 13

DEMOGRAPHIC CHARACTERISTICS OF EXPECTED USERS OF PEP PILLS

	Regular Users n#	Regular Users %	All Users n#	All Users %
I. Sex distribution of drug user				
a. Males-----	2,430	42.2	12,096	64.6
b. Females-----	3,329	57.8	6,628	35.4
II. Age distribution of drug user				
a. 14-17-----	661	11.5	1,233	6.6
b. 18-24-----	1,976	34.3	9,795	52.3
c. 25-34-----	1,364	23.7	4,180	22.3
d. 35 and over-----	1,758	30.5	3,516	18.8
e. No data-----	0	0.0	0	0.0
III. Occupational class of wage earner				
a. Executives-----	0	0.0	692	3.7
b. Managers-----	672	11.7	3,683	19.7
c. Administrators-----	0	0.0	672	3.6
d. Clerks and salespeople-----	0	0.0	3,143	16.8
e. Skilled workers-----	1,581	27.5	3,655	19.5
f. Machine operators-----	543	9.4	1,190	6.4
g. Unskilled workers-----	0	0.0	647	3.5
h. Agricultural-----	0	0.0	0	0.0
i. No data-----	2,963	51.4	5,042	26.9
IV. Education of head of household				
a. College experience-----	672	11.7	6,507	34.8
b. Vocational technical-----	1,235	21.5	2,667	14.2
c. High school degree-----	3,852	66.9	6,904	36.9
d. Less than high school-----	0	0.0	2,645	14.1
e. No data-----	0	0.0	0	0.0
V. Residence				
a. Urban-----	3,319	57.6	10,081	53.8
b. Rural-----	2,440	42.4	8,642	46.2

*N=5,759

**N=18,724

TABLE 20

USE CHARACTERISTICS AMONG THE PROJECTED USERS OF PEF PILLS

	Regular Users N**	Regular Users %	All Users N***	All Users %
I. How the drugs were obtained				
a. All with a legal prescription-----	0	0.0	0	0.0
b. Some with a legal prescription-----	2,301	40.0	2,844	15.2
c. None with a legal prescription-----	1,333	23.1	5,770	30.8
d. No data-----	2,125	36.9	10,110	54.0
II. How the drugs were used				
a. Exactly as prescribed-----	0	0.0	647	3.5
b. Not as prescribed-----	2,973	51.6	5,278	28.2
c. No data-----	2,786	48.4	12,799	68.4
III. Where the drugs were used				
a. At home-----	1,779	30.9	4,934	26.4
b. At a social gathering-----	1,215	21.1	3,052	16.3
c. At work-----	3,734	64.8	5,800	31.1
d. At school-----	1,215	21.1	2,433	13.0

*N=5,759

**N=18,724

***May be in excess of 100% due to multiple places of drug use,
or less than 100% due to no response categories.

7. Diet Pills

"Diet pills" are composed of amphetamine-like substances. What has been stated for "pep pills" generally holds true for "diet pills" except that the effects of the latter are not as extreme. This is because "diet pills" most often contain a central nervous system depressant in addition to the stimulant; the inclusion of the depressant serves to reduce overstimulation which may otherwise occur. Common brand names of "diet pills" include Preludin, Dexamyl, and Appertrol.

As the name implies, these drugs curb the appetite and are used for that purpose. Like other amphetamines, a sense of well-being is produced but with less accompanying nervousness. These drugs appear to be helpful in weight control when used for short periods, but effectiveness in long term weight control is seriously questioned, possibly because of developed tolerance.

Incidence and Prevalence of Diet Pill Use

The prevalence of diet pill use in Montana is projected to be 14.3% of the total base population ages 14 and older; that is, 71,721 persons have taken diet pills at one time or another. The incidence of regular use of these drugs is 1.3% of the population, or a projected 6,270 persons were taking these pills at least five times a month in the Fall of 1974. Infrequent use amounts to 3.0% of the population, and 10.0% are prior users (Table 21).

Demographic Characteristics of Diet Pill Use

All use of diet pills is associated with females. This holds true for all users, regular users, prior users, and especially with

infrequent users. Females contribute nearly two-thirds, 64.7% of all users (Table 21). When considering regular use females still outnumber males, but the margin is smaller. Here 53.1% are female, with 46.9% being male. These figures are presented in Table 22.

Diet pill consumption occurs within each age category. For all users, those 14-17 contribute only 3.1%, and the other groups account for the balance, with the percentage distribution about equally divided among them. When focusing upon regular usage, the biggest percentage of users is contributed by the 35+ age group. However, the most overrepresented of the age groups are the two middle categories, 18-24 and 25-34 years. The latter group was also the most overrepresented of all users and the category containing the highest percentage there. Diet pills are reportedly taken in most occupational categories. Agricultural and managerial people reported no use. For all users, the greatest amount of usage fell among administrators (26.6%), skilled workers (23.9%), and machine operators (14.5%). As for regular usage, concentration is greatest among skilled workers (71.6%), followed respectively by clerical/salespeople (11.0%), and machine operators (8.7%). There was no data for 18.7% of all users and for 8.7% of regular users.

Household head's education and use of diet pills is associated rather definitively. For all users, each level was represented, those with a high school education contributing the most (45.5%). Those with high school educations and Vo-Tech training were most overrepresented. When observing regular use, it is apparent that those with a high school education and Vo-Tech training constitute greater percentages and are even more overrepresented than for all users. Since it is most markedly associated with middle range occupations and educations, one might

deduce that diet pill consumption is a phenomenon of middle class drug behavior. Most diet pill use is occurring in rural areas. This is disproportionate and rural areas are slightly overrepresented for both all use and regular use.

In summary, a projected 6,270 persons are taking diet pills regularly. These users can be best characterized as female, over 18, from households where the head's occupation and education are middle range, and from predominately rural areas.

Characteristics of Use Among Diet Pill Users

The data on Table 23 suggests that the use of diet pills is largely legitimate or semi-legitimate with 35.9% of the 6,270 regular users of the drug reporting that they had obtained all of their supply through a legal prescription and 21.6% reporting that at least some of their supply was obtained legally. Among all users the pattern was somewhat different; 30.7% stated that they had obtained the drug through a physician and only 8.8% reported that some of their purchases had been through legal prescription. Less than 10.0% of both the regular users and all users reported that they had obtained all their drugs illegally (8.7% and 8.8% respectively).

The data further shows that the majority of each group did not respond to the questions concerning how they used the drugs. Of those that did respond, the majority tended to state that they used the drug in a manner consistent with it's prescription. The favorite place of use for this group was home with 39.4% of the regular users responding affirmatively to that item and 43.5% of all users reporting home use. To a lesser extent, use of this drug type was reported at work and at school with little use being noted at social gatherings.

TABLE 21

PROJECTED PREVALENCE OF DIET PILLS USE IN MONTANA

Social Category	Nonusers ¹		Prior Users ²		Infrequent Users ³		Regular Users ⁴		Total	
	N	%	N	%	N	%	N	%	N	%
Age:										
14-17	57,938	95.5	2,038	3.4	0	0.0	661	1.1	60,638	100.0
18-24	61,055	79.6	9,079	11.8	4,563	6.0	1,976	2.6	76,673	100.0
25-34	60,254	75.4	11,943	15.0	6,297	7.9	1,384	1.7	79,879	100.0
35+	250,953	88.1	27,184	9.5	4,346	1.5	2,249	0.8	284,732	100.0
Sex:										
Male	230,742	92.6	10,740	4.3	4,643	1.9	2,941	1.2	249,067	100.0
Female	199,458	78.9	39,504	15.6	10,563	4.2	3,329	1.3	252,855	100.0
Residence:										
Urban	133,183	91.7	8,776	6.0	2,341	1.6	889	0.6	145,189	100.0
Rural	297,018	83.3	41,469	11.6	12,865	3.6	5,381	1.5	356,732	100.0
Total:	430,201	85.7	50,245	10.0	15,206	3.0	6,270	1.3	501,922	100.0

¹No prior use of the drug.

²Having used the drug at some time but not in the last six months.

³Having used the drug from one time to once per week within the last six months.

⁴Having used the drug more often than once per week over the last month.

TABLE 22

DEMOGRAPHIC CHARACTERISTICS OF PROJECTED USERS OF DIET PILLS

	Regular Users N*	Regular Users %	All Users ***	All Users %
I. Sex distribution of drug user				
a. Males-----	2,941	46.9	7,584	35.3
b. Females-----	3,329	53.1	13,892	64.7
II. Age distribution of drug user				
a. 14-17-----	661	10.5	661	3.1
b. 18-24-----	1,976	31.5	6,539	30.4
c. 25-34-----	1,384	22.1	7,681	35.8
d. 35 and over-----	2,249	35.9	6,595	30.7
e. No data-----	0	0.0	0	0.0
III. Occupational class of wage earner				
a. Executives-----	0	0.0	1,472	6.9
b. Managers-----	0	0.0	0	0.0
c. Administrators-----	0	0.0	5,710	26.6
d. Clerks and salespeople-----	692	11.0	692	3.2
e. Skilled workers-----	4,491	71.6	5,138	23.9
f. Machine operators-----	543	8.7	3,117	14.5
g. Unskilled workers-----	0	0.0	1,339	6.2
h. Agricultural-----	0	0.0	0	0.0
i. No data-----	543	8.7	4,007	18.7
IV. Education of head of household				
a. College experience-----	543	8.7	4,860	22.6
b. Vocational technical-----	1,235	19.7	2,816	13.1
c. High school degree-----	3,830	61.1	9,768	45.5
d. Less than high school-----	661	10.5	4,031	18.8
e. No data-----	0	0.0	0	0.0
V. Residence				
a. Urban-----	889	14.2	3,230	15.0
b. Rural-----	5,381	85.8	18,246	85.0

*N=6,270

***N=21,476

TABLE 23

USE CHARACTERISTICS AMONG THE PROJECTED USERS OF DIET PILLS

	Regular Users N**	Regular Users %	All Users N***	All Users %
I. How the drugs were obtained				
a. All with a legal prescription-----	2,249	35.9	6,587	30.7
b. Some with a legal prescription-----	1,353	21.6	1,896	8.8
c. None with a legal prescription-----	543	8.7	1,837	8.6
d. No data-----	2,125	33.9	11,157	52.0
II. How the drugs were used				
a. Exactly as prescribed-----	2,941	46.9	5,018	23.4
b. Not as prescribed-----	0	0.0	1,190	5.5
c. No data-----	3,329	53.1	15,269	71.1
III. Where the drugs were used***				
a. At home-----	2,471	39.4	9,338	43.5
b. At a social gathering-----	0	0.0	1,190	5.5
c. At work-----	889	14.2	1,537	7.2
d. At school-----	661	10.5	1,308	6.1

*N=6,270

**N=21,476

***May be in excess of 100% due to multiple places of drug use,
or less than 100% due to no response categories.

8. Noncontrolled Narcotics and Prescription Non-narcotic Analgesics

This group of drugs includes noncontrolled narcotics which require that their purchase be registered; for example, codeine-based cough syrups. Also included are non-narcotic analgesics which require a prescription but do not fall within narcotic control; for example, Darvon and Talwin. The medicinal purpose for using these drugs is to reduce pain. Their use is also accompanied by a mild euphoria. Although the mentioned narcotics are termed noncontrolled, this does not imply a lack of abuse potential. There is substantial evidence of physical addiction with these drugs when they are taken above the normal therapeutic range. Both physical and psychological dependence have been observed.

Incidence and Prevalence of Noncontrolled Narcotic Use

The overall prevalence of use of noncontrolled narcotics in Montana is a projected 40.5% of the total population. Numerically speaking, some 202,919 persons have used noncontrolled narcotics at least once. The incidence of regular usage is 7.7% of the state's population, or a projected 38,521 individuals were using these drugs more often than once per week in the Fall of 1974. Prior users account for 23.3% of reported prevalence, and infrequent current use represents another 9.5%. This means that 47,685 persons were using the drug less often than five times a month (Table 24).

Demographic Characteristics of Noncontrolled Narcotic Use

Use of noncontrolled narcotics or prescription analgesics is strongly associated with females. In this study 61.1% of all users were female, 38.0% were male. This ratio is slightly diminished for regular users; here,

55.9% are female and 44.1% are male. As exhibited in Table 25, usage is reported in every age category for these drugs. Those 35 and over represent the largest portion of all users (39.6%). Use of these drugs and age is positively associated for both regular and all users. For the former, the composition by age is as follows: 10.0% are 14-17, 14.3% are 18-24, 18.4% are 25-34, and 57.3% are 35 or more. While the oldest cohort contributes the greatest percentage of regular users, the proportions to the population are not significantly different among the four groups. However, the infrequent users are most overrepresented by those in the 18-24 and 25-34 groups.

Usage of noncontrolled narcotics was apparent in every occupational category, the largest percentage for all users (18.4%) falling in the skilled workers class. This use distribution is almost identical to that for the overall population. Consequently, no categories seem to be drastically disproportionate. For regular usage, the same pattern persists.

Use occurred in every education category, but the college group predominated for both all and regular users. Nearly half, 49.6%, of all regular use was reported when the head of household's level of education included college experience. This was the only group proportionally overrepresented. Thus, noncontrolled narcotics are not meaningfully associated with social class.

Residence and use of noncontrolled narcotics is not significantly associated, though urban dwellers seemed more likely to use. The majority of users were rural, as is true of the population as a whole.

In summary, it can be said that a projected 40.5% of the population has used these drugs at least once and that 7.7% are presently using them regularly. This latter figure means that some 38,521 persons are using

noncontrolled, prescribed analgesics more than five times per month. These users can most frequently be typified as female, over 35 (although those 18-24 are most overrepresented), from households whose head's education level is above average, and rural.

Characteristics of Use Among Noncontrolled Narcotic Users

In scanning Table 26 one can see that the characteristics of the users do not change appreciably between regular and all users of the non-controlled narcotics. Because of this the following discussion will be limited to regular users of this drug type.

It was found that among 38,521 projected users of the noncontrolled narcotics that 42.3% reported that their drugs were obtained through the use of a legal prescription; 24.5% reported that some of the drugs were obtained through medical sanction; and 1.9% reported that they never used a prescription in order to obtain these drugs. It was further noted that among the regular users, 54.5% reported that their drug use was confined to the limits stated on their prescription while only 8.0% reported deviating from their recommended dosage; 83.8% reported that they used their drugs at home, 7.5% reported use at social gatherings, 10.3% stated use at work, and 8.0% reported that they used the drugs at school.

TABLE 24

PROJECTED PREVALENCE OF NON-CONTROLLED NARCOTICS USE IN MONTANA

Social Category	Nonusers ¹		Prior Users ²		Infrequent Users ³		Regular Users ⁴		Total	
	N	%	N	%	N	%	N	%	N	%
Age:										
14-17	40,647	67.0	8,404	13.9	7,742	12.8	3,845	6.3	60,638	100.0
18-24	35,427	46.2	21,252	27.7	14,479	18.9	5,515	7.2	76,673	100.0
25-34	37,768	47.3	21,660	27.1	13,374	16.7	7,077	8.9	79,879	100.0
35+	185,161	55.0	65,397	23.0	12,090	4.2	22,083	7.8	284,732	100.0
Sex:										
Male	157,975	63.4	57,518	23.1	16,578	6.7	16,995	6.8	249,067	100.0
Female	141,027	55.8	59,194	23.4	31,107	12.3	21,526	8.5	252,855	100.0
Residence:										
Urban	86,833	59.8	29,900	20.6	16,055	11.1	12,402	8.5	145,189	100.0
Rural	212,169	59.5	86,813	24.3	31,631	8.9	26,119	7.3	356,732	100.0
Total:	299,003	59.6	116,713	23.3	47,685	9.5	38,521	7.7	501,922	100.0

¹No prior use of the drug.²Having used the drug at some time but not in the last six months.³Having used the drug from one time to once per week within the last six months.⁴Having used the drug more often than once per week over the last month.

TABLE 25

DEMOGRAPHIC CHARACTERISTICS OF PROJECTED USERS OF NON-CONTROLLED NARCOTICS

	Regular Users N**	Regular Users %	All Users N**	All Users %
I. Sex distribution of drug user				
a. Males-----	16,995	44.1	33,573	38.9
b. Females-----	21,526	55.9	52,633	61.1
II. Age distribution of drug users				
a. 14-17-----	3,845	10.0	11,587	13.4
b. 18-24-----	5,515	14.3	19,994	23.2
c. 25-34-----	7,077	18.4	20,451	23.7
d. 35 and over-----	22,083	57.3	34,173	39.6
e. No data-----	0	0.0	0	0.0
III. Occupational class of wage earner				
a. Executives-----	3,754	9.7	5,785	6.7
b. Managers-----	4,950	12.8	11,672	13.5
c. Administrators-----	2,834	7.4	13,875	16.1
d. Clerks and salespeople-----	5,743	14.9	10,360	12.0
e. Skilled workers-----	6,021	15.6	15,822	18.4
f. Machine operators-----	4,184	10.9	9,032	10.5
g. Unskilled workers-----	2,941	7.6	6,819	7.9
h. Agricultural-----	2,865	7.4	3,557	4.1
i. No data-----	5,229	13.6	9,284	10.8
IV. Education of head of household				
a. College experience-----	19,094	49.6	39,055	45.3
b. Vocational technical-----	780	2.0	5,265	6.1
c. High school degree-----	14,149	36.7	28,130	32.6
d. Less than high school-----	4,498	11.7	13,757	16.0
e. No data-----	0	0.0	0	0.0
V. Residence				
a. Urban-----	12,402	32.2	28,457	33.0
b. Rural-----	26,119	67.8	57,750	67.0

**N=38,521

***N=86,206

TABLE 26

USE CHARACTERISTICS AMONG THE PROJECTED USERS OF NON-CONTROLLED NARCOTICS

		Regular Users	Regular Users	All Users	All Users
		N*	%	N**	%
I.	How the drugs were obtained				
a.	All with a legal prescription-----	16,309	42.3	35,926	41.7
b.	Some with a legal prescription-----	9,441	24.5	16,656	19.3
c.	None with a legal prescription-----	716	1.9	4,596	5.3
d.	No data-----	12,055	31.3	29,028	33.7
II.	How the drugs were used				
a.	Exactly as prescribed-----	20,991	54.5	46,828	54.3
b.	Not as prescribed-----	3,077	8.0	7,616	8.8
c.	No data-----	14,453	37.5	31,763	36.8
III.	Where the drugs were used****				
a.	At home-----	32,297	83.8	65,327	75.8
b.	At a social gathering-----	2,903	7.5	7,827	9.1
c.	At work-----	3,969	10.3	6,561	7.6
d.	At school-----	3,100	8.0	3,810	4.4

*N=38,521

**N=86,206

***May be in excess of 100% due to multiple places of drug use ,
or less than 100% due to no response categories.

9. Controlled Narcotics

Controlled narcotics are composed of a group of substances which are both natural and synthetic, as well as semi-synthetic. The natural substances include opium and components of opium (morphine and codeine). Synthetics include methadone (Dolophine), meperidine (Demerol), and anileridine (Leritine). Examples of semi-synthetics are Dilaudid, Numorphan, and heroin. Heroin will be discussed apart from the other controlled narcotics. (See the following section.)

These drugs are all very potent analgesics, their chief medicinal purpose being the alleviation of pain. However, this is accompanied by extreme euphoria, an exalted feeling of well-being, and release from tension and anxiety. Because of the extremely pleasurable effects created, use is strongly self-reinforcing and both physical and psychological dependence develop rapidly. Also, since tolerance develops quickly and occurs within normal therapeutic ranges, the need for escalating doses is soon created. An overdose, however, can be fatal. Since doctors have become increasingly more aware of the great addictive potential of these narcotics and of the large number of patients who become addicts as a result of having taken them, an attempt has been made to substitute less addictive drugs which accomplish the same purpose. Other than in medicine, usage of controlled narcotics is illegal.

Cross-tolerance among narcotics is common; that is, an addict can resort to use of another narcotic in place of his usual one to achieve a sense of well-being and to avoid withdrawal. Withdrawal from controlled narcotics is agonizing and includes a wide range of physical discomforts such as extreme nausea, vomiting, diarrhea, and muscle spasms, as well

as an agitated mental state which is characterized by overwhelming anxiety and irritability. In spite of the extremely severe withdrawal symptoms, enduring them is less life threatening than is withdrawal from other drugs; e.g., barbiturates. As previously mentioned, illegal use of these drugs is often accompanied by taking barbiturates, sedatives, stimulants, psychedelics, etc.

Incidence and Prevalence of Controlled Narcotic Use

The prevalence of other opiates or controlled narcotics, excluding heroin, is a projected 12.0% of Montana's population. In numerical terms, approximately 60,462 persons have taken one of these drugs at least once. The incidence of regular use was 0.8%. This means that a projected 3,848 persons were using other opiates more often than weekly in the Fall of 1974. Infrequent users account for 1.5%, and 9.7% are prior users, as demonstrated on Table 27.

Demographic Characteristics of Controlled Narcotic Use

Use of these drugs is associated with males. As shown on Table 28, 71.7% of all users were male, and 28.3% were female. The same approximate ratio is maintained when regular users are considered. Opiate use was recorded within all age categories. Among all users, the largest number of contributors was from the cohort 35 and older. This age group accounts for 54.0%, while the 18-24 group contributes the second largest portion, 24.1%. However, each of these age groups comprised about half of the regular opiate users. Although those 35 and over contributed slightly more users numerically, those 18-24 were more overrepresented.

The level of occupation which contributed the most of all opiate

users was skilled workers (39.2%, or 4,540 persons). The next largest percentages are contributed by machine operators and unskilled workers. When attention is drawn to regular users, it is noticed that all use falls into the two categories of unskilled and skilled workers, respectively. This is quite disproportionate to the population.

The high school education group contains the most opiate users (64.3%); this is the only group which is overrepresented. When viewing regular users this pattern persists; however, those with college experience are also overrepresented. All other groups are underrepresented. Social class as previously approximated can not be clearly associated with controlled narcotic use in this study. Similar to Montana's population, the majority of all opiate users (67.0%) are from rural areas. As for regular users, a smaller percentage (58.4%) is from these parts of the state. In other words, more than half of all regular users of opiates are rural residents. This, obviously, is disproportionately significant.

In summary, 12.0%, or 60,462 individuals, have used other opiates in Montana. Of these, 0.8%, or 3,848 people, are using them regularly. These regular users most commonly are male, either 35 + or in the 18-24 age bracket, skilled or unskilled workers, from households whose head has a high school education or college experience, and are living in rural settings.

Characteristics of Use Among Controlled Narcotics Users

Due to the small incidence of projected narcotics use in the state little can be said about the characteristics of the users. Suffice it then to say that it appears that most users of this drug type tend to not respond

to direct questioning concerning their use characteristics. This observation is further bolstered by the data which suggests that of those who did respond, all stated that their use was characterized by legal prescriptions and used in accordance with that prescription.

TABLE 27

PROJECTED PREVALENCE OF CONTROLLED NARCOTICS IN MONTANA

Social Category	Nonusers ¹		Prior Users ²		Infrequent Users ³		Regular Users ⁴		Total	
	N	%	N	%	N	%	N	%	N	%
Age:										
14-17	60,173	99.2	0	0.0	465	0.8	0	0.0	60,638	100.0
18-24	65,517	85.5	8,367	10.9	1,190	1.6	1,599	2.1	76,673	100.0
25-34	69,320	86.5	8,482	10.6	2,077	2.6	0	0.0	79,879	100.0
35+	246,450	86.6	32,026	11.2	4,007	1.4	2,249	0.8	284,732	100.0
Sex:										
Male	218,674	87.8	22,088	8.9	5,346	2.1	2,958	1.2	249,067	100.0
Female	222,786	88.1	26,786	10.6	2,393	0.9	889	0.4	252,855	100.0
Residence:										
Urban	131,688	90.7	9,679	6.7	2,223	1.5	1,599	1.1	145,189	100.0
Rural	309,773	86.8	39,196	11.0	5,515	1.5	2,249	0.6	356,732	100.0
Total:	441,461	88.0	48,875	9.7	7,739	1.5	3,848	0.8	501,922	100.0

¹No prior use of the drug.²Having used the drug at some time but not in the last six months.³Having used the drug from one time to once per week within the last six months.⁴Having used the drug more often than once per week over the last month.

TABLE 28

DEMOGRAPHIC CHARACTERISTICS OF PROJECTED USERS OF CONTROLLED NARCOTICS

	Regular Users N**	Regular Users %	All Users N**	All Users %
I. Sex distribution of drug user				
a. Males-----	2,958	76.9	8,304	71.7
b. Females-----	889	23.1	3,282	28.3
II. Age distribution of drug user				
a. 14-17-----	0	0.0	465	4.0
b. 18-24-----	1,599	41.6	2,789	24.1
c. 25-34-----	0	0.0	2,077	17.9
d. 35 and over-----	2,249	58.3	6,256	54.0
e. No data-----	0	0.0	0	0.0
III. Occupational class of wage earner				
a. Executives-----	0	0.0	697	6.0
b. Managers-----	0	0.0	1,157	10.0
c. Administrators-----	0	0.0	0	0.0
d. Clerks and salespeople-----	0	0.0	0	0.0
e. Skilled workers-----	1,599	41.6	4,540	39.2
f. Machine operators-----	0	0.0	2,405	20.8
g. Unskilled workers-----	2,249	58.4	2,249	19.4
h. Agricultural-----	0	0.0	0	0.0
i. No data-----	0	0.0	543	4.6
IV. Education of head of household				
a. College experience-----	1,599	41.6	2,983	25.7
b. Vocational technical-----	0	0.0	692	6.0
c. High school degree-----	2,249	58.4	7,446	64.3
d. Less than high school-----	0	0.0	465	4.0
e. No data-----	0	0.0	0	0.0
V. Residence				
a. Urban-----	1,599	41.6	3,822	33.0
b. Rural-----	2,249	58.4	7,764	67.0

**N=3,848

***N=11,587

TABLE 29

USE CHARACTERISTICS AMONG THE PROJECTED USERS OF CONTROLLED NARCOTICS

	Regular Users N**	Regular Users %	All Users N***	All Users %
I. How the drugs were obtained				
a. All with a legal prescription-----	889	23.1	3,803	32.8
b. Some with a legal prescription-----	0	0.0	0	0.0
c. None with a legal prescription-----	0	0.0	0	0.0
d. No data-----	2,958	76.9	7,781	67.2
II. How the drugs were used				
a. Exactly as prescribed-----	889	23.1	3,803	32.8
b. Not as prescribed-----	0	0.0	0	0.0
c. No data-----	2,958	76.9	7,781	67.2
III. Where the drugs were used***				
a. At home-----	0	0.0	4,053	35.0
b. At a social gathering-----	0	0.0	0	0.0
c. At work-----	0	0.0	647	5.6
d. At school-----	0	0.0	0	0.0

*N=3,848

**N=11,587

***May be in excess of 100% due to multiple places of drug use,
or less than 100% due to no response categories.

10. Other Stimulants

This category of drugs is defined to include all stimulants other than amphetamines, diet pills, and cocaine. Because this residual category is meant to exclude all other "speeds" it was obtained from respondents subsequent to other inquiries on the questionnaire. Included are such drugs as Ritalin, novocaine, and procaine.

Due to the diversity of components within this residue category, all that can safely be remarked is that these drugs are similar to amphetamines in effects, usage, and tolerance, but create less agitation and are less available illicitly. Ritalin, a very powerful stimulant, is currently in vogue for treatment of brain damage and thought disorders and has become a center of controversy due to its widespread application for treating hyperactive children. Novocaine and procaine are used for anesthetic purposes, but more concentrated dosages can produce effects similar to those created by the stimulants discussed earlier. Interestingly, sniffing novocaine produces a reaction similar to that of cocaine.

Incidence and Prevalence of Other Stimulant Use

The prevalence is a projected 2.0% of the population; that is, approximately 9,991 persons ages 14 and above have ever used the drug. No regular users were disclosed in the study. A projected 1.1% reported infrequent use; that is, an estimated 5,274 reported use less frequently than five times a month. Another 0.9% reported prior use of other stimulants (Table 30).

Due to the actual small number of cases involved with use of these drugs, the following statements must be viewed only as findings with the

sample, and not as generalizations to the total population.

Current infrequent use is most often associated with females; as shown on Table 31, 64.6% of users were female. Users hail primarily from two age groups; 41.2% were 35 and older, while 34.8% were between 18-24. Upper-middle ranked occupations were most associated, managers contributed 53.5% of use. Users most often came from the highest education category; over 41.0% of other stimulant use was among those with college experience. Use is most associated with a rural residence. As illustrated in Table 32, the majority, 78.9%, take these drugs at home.

TABLE 30

PROJECTED PREVALENCE OF OTHER STIMULANT USE IN MONTANA

Social Category	Nonusers ¹		Prior Users ²		Infrequent Users ³		Regular Users ⁴		Total	
	N	%	N	%	N	%	N	%	N	%
Age:										
14-17	59,350	97.9	716	1.2	572	0.9	0	0.0	60,638	100.0
18-24	73,583	96.0	1,253	1.6	1,837	2.4	0	0.0	76,673	100.0
25-34	76,439	95.7	2,748	3.4	692	0.9	0	0.0	79,879	100.0
35+	282,559	99.2	0	0.0	2,173	0.8	0	0.0	284,732	100.0
Sex:										
Male	243,720	97.9	3,481	1.4	1,865	0.7	0	0.0	249,067	100.0
Female	248,211	98.2	1,235	0.5	3,408	1.3	0	0.0	252,855	100.0
Residence:										
Urban	143,236	98.7	1,381	1.0	572	0.4	0	0.0	145,189	100.0
Rural	348,695	97.7	3,336	0.9	4,702	1.3	0	0.0	356,732	100.0
Total:	491,931	98.0	4,717	0.9	5,274	1.1	0	0.0	501,922	100.0

¹No prior use of the drug.

²Having used the drug at some time but not in the last six months.

³Having used the drug from one time to once per week within the last six months.

⁴Having used the drug more often than once per week over the last month.

TABLE 31

DEMOGRAPHIC CHARACTERISTICS OF PROTECTED USERS OF OTHER STIMULANTS

	Regular Users N**	Regular Users %	All Users N***	All Users %
I. Sex distribution of drug user				
a. Males-----	0	0.0	1,865	35.4
b. Females-----	0	0.0	3,408	64.6
II. Age distribution of drug user				
a. 14-17-----	0	0.0	572	10.8
b. 18-24-----	0	0.0	1,837	34.8
c. 25-34-----	0	0.0	692	13.1
d. 35 and over-----	0	0.0	2,173	41.2
e. No data-----	0	0.0	0	0.0
III. Occupational class of wage earner				
a. Executives-----	0	0.0	0	0.0
b. Managers-----	0	0.0	0	0.0
c. Administrators-----	0	0.0	2,820	53.5
d. Clerks and salespeople-----	0	0.0	572	10.8
e. Skilled workers-----	0	0.0	692	13.1
f. Machine operators-----	0	0.0	647	12.3
g. Unskilled workers-----	0	0.0	0	0.0
h. Agricultural-----	0	0.0	0	0.0
i. No data-----	0	0.0	543	10.3
IV. Education of head of household				
a. College experience-----	0	0.0	2,172	41.2
b. Vocational technical-----	0	0.0	692	13.1
c. High school degree-----	0	0.0	1,190	22.6
d. Less than high school-----	0	0.0	1,218	23.1
e. No data-----	0	0.0	0	0.0
V. Residence				
a. Urban-----	0	0.0	572	10.8
b. Rural-----	0	0.0	4,702	89.2

*N=0

***N=5,274

TABLE 32

USE CHARACTERISTICS AMONG THE PROJECTED USERS OF OTHER STIMULANTS

		Regular Users	Regular Users	All Users	All Users
		N*	%	N**	%
I. Where the drugs were used***					
a.	At home-----	0	0.0	4,159	78.9
b.	At a social gathering-----	0	0.0	0	0.0
c.	At work-----	0	0.0	647	12.3
d.	At school-----	0	0.0	0	0.0

*N=0

**N=5,274

***May be in excess of 100% due to multiple places of drug use,
or less than 100% due to no response categories.

11. Marihuana/Hashish

Marihuana and hashish are forms of the plant *Cannabis Sativa*. In this report the two names will be used interchangeably and also to represent other forms of *Cannabis* which are less well known. Innumerable terms exist for this plant. In this country it is commonly referred to as weed, hemp, pot, and grass. While grass may describe marihuana's overall appearance, as marketed the drug is seldom of uniform substance and varies in composition depending on the proportion of flowers, seeds, stems, and leaves it contains. Potency varies not only with composition but also according to the climate in which the plant was grown, hotter climates producing more potent strains.

The active ingredients in marihuana are most accurately classified as psychedelics or hallucinogens (mind activators). However, the resultant effects are most similar to those produced by alcohol. These include feelings of relaxation and release from social inhibitions and anxiety. Additionally, these feelings can be accompanied by perceptual alterations, increased drowsiness, or sleep. Reactions to the drug are further affected by the setting in which they are used, as well as the emotional makeup and experience of the user. All these factors make it difficult to determine precise physical and psychological effects. There is no evidence of physical addiction and desire for usage seems purely psychological. Though it is believed that there are certain physiological and psychological consequences, these have not yet been scientifically proven.

Although there is no substantial information on physical damage and there is no known lethal dose, overdose is possible, but rare. Overdose can cause toxic psychosis, including confusion, panic, and delirium, which is generally the result of oral ingestion of the substance rather

than the smoking of it. Only slight tolerance develops and this operates conversely compared to other states of drug tolerance; i.e., with increased usage of marihuana it takes decreasingly smaller doses to obtain maximum pleasure.

Needless to say, practically all usage is defined as illegal under current laws, except for the miniscule amount of ongoing scientific research.

Incidence and Prevalence of Marihuana/Hashish Use

The prevalence of marihuana/hashish use in Montana is projected to be 20.1%, that is, some 101,250 individuals have taken the drug on at least one occasion. The projected incidence of regular use is 3.8%, or approximately 18,840 persons reported taking the substance more frequently than weekly in the Fall of 1974 (Table 33). Infrequent use accounts for 9.7% which represents a projected 48,832 persons using marihuana on a weekly basis or less. Another 6.7% or 33,578 individuals are former users, not having used the substance within the last six months.

Demographic Characteristics of Marihuana/Hashish Use

Use of marihuana occurs somewhat more often among males than females. As seen in Table 34, 55.1% of all users are male, 44.9% are female. This difference is even greater among regular users. Here, 66.5% are male and 33.5% are female. Marihuana and hashish use appears in all groups but use is most common among the 18-24 age group. Note, 40.6% of all users fall into this age category, and 25.8% are between ages 25-34. When regular use is considered, this pattern becomes even stronger; even a greater proportion of regular users are 18-24, 53.3%, and a greater proportion are 25-34, 36.9%. The balance, 9.9% was between ages 14-17. When viewing these figures differently, it is noteworthy to

mention the prevalence of use among each age group. Among those age 18-24, more had used marihuana than had not used it; for example, 51.3% had ever used the drug and 48.7% had never used it. Among the 14-17 and 25-34 age groups approximately 35.0% had used marihuana. As might be expected, among those 35 and older, 6.1% had ever used marihuana.

Marihuana use occurs within all occupational categories and follows the population's distribution proportionally. However, regular usage occurs most frequently among household's where head is clerical/salesperson or skilled worker. These percentages are somewhat overrepresented.

Education and marihuana usage are directly associated. Among all users those with college experience contributed 46.4%, high school, 25.5%, less than high school, 20.4%, and Vo-Tech, 7.3%. When regular usage is considered the same pattern persists; 46.4% of all regular marihuana use was associated with college education and 26.8% with high school education. Groups most overrepresented are college and Vo-Tech, other are underrepresented. Most marihuana usage, 67.6%, was rural, as most of Montana's population is. For regular use, even more usage is rural. Here, 70.6% is associated with a rural residence.

In summary, users can be characterized most often as male, between 18-24, most likely from middle occupation families and middle or upper education brackets and most are probably rural.

Characteristics of Use Among Marihuana/Hashish Users

Table 35 demonstrates that the users of marihuana tend to ingest these drugs largely in the home and at social gatherings. The pattern for regular users is that 78.4% use the drug at social gatherings while 68.4% use it in the home. Among all users this pattern is also noted

with 58.7% using at social gatherings and 33.5% using at home. While there are not as many persons stating use in the schools and at work, there still exists a significant number who use in these settings. Among the regular users, 20.1% use the drug at work and 17.3% use at school. Upon looking at the all users category one notices that 5.6% use at work and 7.9% use at school.

TABLE 33

PROJECTED PREVALENCE OF MARIHUANA OR HASHISH USE IN MONTANA

Social Category	Nonusers ¹		Prior Users ²		Infrequent Users ³		Regular Users ⁴		Total	
	N	%	N	%	N	%	N	%	N	%
Age:										
14-17	41,164	67.9	5,116	8.4	12,499	20.6	1,859	3.1	60,638	100.0
18-24	37,317	48.7	11,861	15.5	17,462	22.8	10,033	13.1	76,673	100.0
25-34	54,732	68.5	7,681	9.6	10,518	13.2	6,948	8.7	79,879	100.0
35+	267,460	93.9	8,919	3.1	8,353	2.9	0	0.0	284,732	100.0
Sex:										
Male	189,964	76.3	21,801	8.8	24,775	9.9	12,527	5.0	249,067	100.0
Female	210,708	83.3	11,777	4.7	24,057	9.5	6,313	2.5	252,855	100.0
Residence:										
Urban	116,243	80.1	6,999	4.8	16,411	11.3	5,537	3.8	145,189	100.0
Rural	284,429	79.7	26,579	7.5	32,421	9.1	13,303	3.7	356,732	100.0
Total:	400,672	79.8	33,578	6.7	48,832	9.7	18,840	3.8	501,922	100.0

¹No prior use of the drug.²Having used the drug at some time but not in the last six months.³Having used the drug from one time to once per week within the last six months.⁴Having used the drug more often than once per week over the last month.

TABLE 34

DEMOGRAPHIC CHARACTERISTICS OF PROJECTED USERS OF MARIHUANA-HASHISH

	Regular Users N**	Regular Users %	All Users N***	All Users %
I. Sex distribution of drug user				
a. Males-----	12,527	66.5	37,302	55.1
b. Females-----	6,313	33.5	30,370	44.9
II. Age distribution of drug user				
a. 14-17-----	1,859	9.9	14,358	21.2
b. 18-24-----	10,033	53.3	27,495	40.6
c. 25-34-----	6,948	36.9	17,466	25.8
d. 35 and over-----	0	0.0	8,253	12.3
e. No data-----	0	0.0	0	0.0
III. Occupational class of wage earner				
a. Executives-----	647	3.4	2,896	4.3
b. Managers-----	2,502	13.3	8,831	13.0
c. Administrators-----	672	3.6	11,527	17.0
d. Clerks and salespeople-----	4,532	24.1	8,976	13.3*
e. Skilled workers-----	4,259	22.6	10,751	15.9
f. Machine operators-----	1,190	6.3	4,357	6.4
g. Unskilled workers-----	1,941	10.3	6,605	9.8
h. Agricultural-----	0	0.0	3,174	4.7
i. No data-----	3,097	16.4	10,556	15.6
IV. Education of head of household				
a. College experience-----	8,740	46.4	31,658	46.8
b. Vocational technical-----	1,779	9.4	4,965	7.3
c. High school degree-----	5,048	26.8	17,226	25.5
d. Less than high school-----	3,273	17.4	13,823	20.4
e. No data-----	0	0.0	0	0.0
V. Residence				
a. Urban-----	5,537	29.4	21,948	32.4
b. Rural-----	13,303	70.6	45,724	67.6

**N=18,640

***N=67,672

TABLE 35

USE CHARACTERISTICS AMONG THE PROJECTED USERS OF MARIHUANA-HASHISH

	Regular Users		All Users	
	N**	%	N**	%
I. Where the drugs were used***				
a. At home-----	12,891	68.4	22,687	33.5
b. At a social gathering-----	14,775	78.4	39,691	58.7
c. At work-----	3,790	20.1	3,790	5.6
d. At school-----	3,262	17.3	5,349	7.9

*N=18,840

**N=67,672

***May be in excess of 100% due to multiple places of drug use,
or less than 100% due to no response categories.

12. LSD

LSD, meaning lysergic acid diethylamide tartrate-25, is the most powerful of the psychedelic, hallucinogenic drugs. It is semi-synthetic, derived from ergot fungus (rust on rye and cereals) and subsequently manufactured in laboratories.

Psychedelics are primarily mind-activating agents with stimulating effects. Exactly how LSD behaves is not known, but it is believed to act indirectly by either causing a release or inhibition of natural substances in the brain. The result of this is displayed by alterations of mood and sensory perception. Moods can become either exceedingly euphoric or overwhelmingly dysphoric, filled with panic and anxiety or a combination of these states. Distortions are perceptual, emotional, and rational, in addition to being accompanied by the presence of spatial and time distortions and grandiose hallucinations. There may be a merging of senses, i.e., one may see colors for sounds. Sometimes nausea is a side effect. An LSD experience or "trip" lasts from eight to twelve hours; the first half is most intense and bizarre, and the latter half is often filled with enormous surges of introspection and hypersuggestibility. An unusual aspect is the reporting of an unexpected return of this drug state days or months later. LSD is not physically addictive; any dependence on the substance is necessarily psychological. Tolerance builds up after a few days of regular use but is quickly lost after a short period of abstinence. There is no appreciable effect if more of the drug is taken within a short period of initial ingestion. However, as with marijuana, tolerance operates in a reverse pattern from that noted for other drugs; that is, with increased usage there seems to be increased reaction or sensitivity.

There is some speculation that usage causes physical damage, which includes chromosome change. Other dangers revolve around LSD's illicit production and include ergot poisoning from impure LSD and adverse reactions to substitute substances which may be present within the drug, such as amphetamines, atropine, and strychnine. Additionally, there is recognized danger that a "trip" may throw a user into an acute psychosis; and, because of the variety of possible grandiose distortions, physical harm is a concern. Obviously, all usage of this substance is illegal outside the realms of medicine and research.

Incidence and Prevalence of LSD Use

The prevalence of LSD use in Montana during the Fall of 1974 projects 3.6%, or 18,363 persons have taken the drug at least once. The incidence of regular use in this study is projected to be about 0.1% of the total base population, or a projected 647 individuals. Prior users account for 2.0% of the population, and infrequent current users another 1.6% of the population.

Sample size makes any generalizations concerning demographic characteristics very tenuous. However, it is reasonable to state that in our sample we found only a slight difference according to sex. Slightly more females reported usage than males. Usage is also linked with the younger groups; 53.3% of all users are between ages 18-24, 32.3 are between ages 25-34, and 14.4% are between ages 14-17. Regular use is limited to those between ages 18-24. The majority of LSD users in our sample reported either that the head of household was a skilled worker or they didn't report occupation for the head. Among all users of LSD 40.1% had high school educations and 29.9% had less than a high school education; Vo-Tech contributed 14.4%.

Characteristics of Use Among LSD Users

The data is insufficient to make any statements concerning the use characteristics of LSD (Table 38).

TABLE 36

PROJECTED PREVALENCE OF LSD USE IN MONTANA

Social Category	Nonusers ¹		Prior Users ²		Infrequent Users ³		Regular Users ⁴		Total	
	N	%	N	%	N	%	N	%	N	%
Age:										
14-17	58,368	96.3	1,037	1.7	1,233	2.0	0	0.0	60,638	100.0
18-24	65,405	85.3	6,705	8.7	3,916	5.1	647	0.8	76,673	100.0
25-34	75,054	94.0	2,056	2.6	2,769	3.5	0	0.0	79,879	100.0
35+	284,732	100.0	0	0.0	0	0.0	0	0.0	284,732	100.0
Sex:										
Male	239,983	96.4	5,233	2.1	3,204	1.3	647	0.3	249,067	100.0
Female	243,576	96.3	4,565	1.8	4,714	1.9	0	0.0	252,855	100.0
Residence:										
Urban	139,532	96.1	4,196	2.9	1,461	1.0	0	0.0	145,189	100.0
Rural	344,027	96.4	5,601	1.6	6,457	1.8	647	0.2	356,732	100.0
Total:	483,559	96.3	9,798	2.0	7,918	1.6	647	0.1	501,922	100.0

¹No prior use of the drug.²Having used the drug at some time but not in the last six months.³Having used the drug from one time to once per week within the last six months.⁴Having used the drug more often than once per week over the last month.

TABLE 37

DEMOGRAPHIC CHARACTERISTICS OF PROJECTED USERS OF LSD

	Regular Users N**	Regular Users %	All Users N***	All Users %
I. Sex distribution of drug user				
a. Males-----	647	100.0	3,851	45.0
b. Females-----	0	0.0	4,714	55.0
II. Age distribution of drug user				
a. 14-17-----	0	0.0	1,233	14.4
b. 18-24-----	647	100.0	4,563	53.3
c. 25-34-----	0	0.0	2,769	32.3
d. 35 and over-----	0	0.0	0	0.0
e. No data-----	0	0.0	0	0.0
III. Occupational class of wage earner				
a. Executives-----	0	0.0	647	7.6
b. Managers-----	0	0.0	0	0.0
c. Administrators-----	0	0.0	0	0.0
d. Clerks and salespeople-----	0	0.0	572	6.7
e. Skilled workers-----	0	0.0	2,920	34.1
f. Machine operators-----	0	0.0	692	8.1
g. Unskilled workers-----	0	0.0	647	7.6
h. Agricultural-----	0	0.0	0	0.0
i. No data-----	647	100.0	3,087	36.0
IV. Education of head of household				
a. College experience-----	0	0.0	1,339	15.6
b. Vocational technical-----	0	0.0	1,235	14.4
c. High school degree-----	0	0.0	3,433	40.1
d. Less than high school-----	647	100.0	2,558	29.9
e. No data-----	0	0.0	0	0.0
V. Residence				
a. Urban-----	0	0.0	1,461	17.1
b. Rural-----	647	100.0	7,104	82.9

*N=647

***N=8,565

TABLE 38

USE CHARACTERISTICS AMONG THE PROJECTED USERS OF LSD

	Regular Users		All Users	
	N*	%	N**	%
I. Where the drugs were used				
a. At home-----	647	100.0	1,986	23.2
b. At a social gathering-----	0	0.0	3,945	46.1
c. At work-----	0	0.0	5,945	69.4
d. At school-----	0	0.0	0	0.0

*N=647

**N=8,565

***May in excess of 100% due to multiple places of drug use,
or less than 100% due to no response categories.

13. Other Psychotogens

Other psychotogens are defined for the purpose of this report to include all other natural and synthetic hallucinogens aside from LSD. The most common natural psychotogens are psilocybin (derived from "magic" mushrooms) and mescaline (derived from the peyote cactus). Synthetics include MDA (methylenediosyamphetamine), STP (DOM -- dimethoxymethylamphetamine), and DMT (dimethyltryptamine).

Like LSD, the chief function of these psychotogens is mind activation with stimulatory sensations. Psychic effects include hallucinations, distortions, and a feeling of being bombarded by a host of stimuli. The difference among these drugs is the intensity of the reaction produced, as well as the duration of the reaction. A more profound nausea, often accompanied by vomiting, accompanies ingestion of these drugs than that which occurs with LSD.

None of these drugs has been documented to produce physical dependence. Similar to marihuana and LSD, dependence is psychological. Tolerance does occur as with LSD, as well as a type of cross-tolerance among the drugs. That is, tolerance for a particular psychotogen can be maintained by use of a similar but different psychotogen. Dangers associated with the use of psychotogens are similar to those associated with the use of LSD. Generally speaking, most reactions are less intense and consequently less potential for harm is involved.

Incidence and Prevalence of Other Psychotogen Use

The prevalence of use is 5.3% or approximately 26,606 persons are estimated to have used these drugs at least on one occasion. However,

regular use appears to be only 0.1% of the population, that is, a projected 647 individuals. Infrequent use accounts for 2.2% and 3.0% report prior use.

Demographic Characteristics of Other Psychotogen Use

It is not possible to describe regular users demographically due to the small incidence. However, characteristics of all usage in our sample can be presented. Usage occurred slightly more frequently with males. Similar to age distributions of LSD users, users of other psychotogens were concentrated in the 18-24 age category who comprised 55.6% of the total. Those in the 25-34 age group contributed the next largest portion, 23.6%. Psychotogen use occurred at almost every occupational level, greatest numbers coming from skilled workers and clerks and salespeople. Again, psychotogen users fall within all education levels. The biggest contributors are those with college experience, 44.5%, and high school graduates contribute 34.3%. Users were rural, not disproportionate from population.

Characteristics of Use Among Other Psychotogen Users

The majority of use is recorded to be at social gatherings, 54.5%, and at home, 29.0%. Little can be said about other psychotogen use due to insufficient data except to state that, like other hallucinogens, they are used popularly in social settings.

TABLE 39

PROJECTED PREVALENCE OF OTHER PSYCHOTOGENS USE IN MONTANA

Social Category	Nonusers ¹		Prior Users ²		Infrequent Users ³		Regular Users		Total	
	N	%	N	%	N	%	N	%	N	%
Age:										
14-17	56,901	93.8	1,323	2.2	2,414	4.0	0	0.0	60,638	100.0
18-24	62,921	82.1	7,289	9.5	6,463	8.4	0	0.0	76,673	100.0
25-34	72,327	90.5	4,804	6.0	2,077	2.6	672	0.8	79,879	100.0
35+	283,167	99.5	1,564	0.5	0	0.0	0	0.0	284,732	100.0
Sex:										
Male	235,863	94.7	6,609	2.7	5,924	2.4	672	0.3	249,067	100.0
Female	239,454	94.7	8,372	3.3	5,030	2.0	0	0.0	252,855	100.0
Residence:										
Urban	137,196	94.5	4,686	3.2	2,636	1.8	672	0.5	145,189	100.0
Rural	338,120	94.8	10,294	2.9	8,318	2.3	0	0.0	356,732	100.0
Total:	475,316	94.7	14,980	3.0	10,953	2.2	672	0.1	501,922	100.0

¹No prior use of the drug.²Having used the drug at some time but not in the last six months.³Having used the drug from one time to once per week within the last six months.⁴Having used the drug more often than once per week over the last month.

TABLE 40

DEMOGRAPHIC CHARACTERISTICS OF PROJECTED USERS OF OTHER PSYCHOTROPICS

	Regular Users N**	Regular Users %	All Users N**	All Users %
I. Sex distribution of drug user				
a. Males-----	672	100.0	6,596	56.7
b. Females-----	0	0.0	5,030	43.3
II. Age distribution of drug user				
a. 14-17-----	0	0.0	2,414	20.8
b. 18-24-----	0	0.0	6,463	55.6
c. 25-34-----	672	100.0	2,749	23.6
d. 35 and over-----	0	0.0	0	0.0
e. No data-----	0	0.0	0	0.0
III. Occupational class of wage earner				
a. Executives-----	0	0.0	647	5.6
b. Managers-----	672	100.0	1,137	9.8
c. Administrators-----	0	0.0	661	5.7
d. Clerks and salespeople-----	0	0.0	2,620	22.5
e. Skilled workers-----	0	0.0	2,920	25.1
f. Machine operators-----	0	0.0	1,259	10.8
g. Unskilled workers-----	0	0.0	1,294	11.1
h. Agricultural-----	0	0.0	0	0.0
i. No data-----	0	0.0	1,086	9.3
IV. Education of head of household				
a. College experience-----	672	100.0	5,172	44.5
b. Vocational technical-----	0	0.0	1,235	10.6
c. High school degree-----	0	0.0	3,985	34.3
d. Less than high school-----	0	0.0	1,233	10.6
e. No data-----	0	0.0	0	0.0
V. Residence				
a. Urban-----	672	100.0	3,308	28.5
b. Rural-----	0	0.0	8,318	71.5

*N=672

**N=11,625

TABLE 41

USE CHARACTERISTICS AMONG THE PROJECTED USERS OF OTHER PSYCHOTOGENS

		Regular Users	Regular Users	All Users	All Users
		N**	%	N**	%
I. Where the drugs were used***					
a.	At home-----	672	100.0	3,374	29.0
b.	At a social gathering-----	672	100.0	6,341	54.5
c.	At work-----	0	0.0	0	0.0
d.	At school-----	0	0.0	465	4.0

*N=672

**N=11,625

***May be in excess of 100% due to multiple places of drug use,
or less than 100% due to no response categories.

14. Methedrine/Methamphetamine

Methedrine, the brand name for methamphetamine, is the most potent of the amphetamine drugs and most often produced illicitly. Referred to on the street as "crystal" or "crank," it is available as a white powder and may be injected. Medically it is prescribed for appetite reduction, mood elevation, depression treatment, and for raising abnormally low blood pressure. However, the most prevalent use of this drug is non-medical and unsupervised; i.e., it is most commonly abused illegally by high dosage users for euphoric effects. Even more so than with other amphetamines, euphoria progresses into irritability, nervousness, and overwhelming paranoia, as well as blatant hostility. Tolerance and psychological dependence develop with regular use at high levels. The need to increase the dosage to obtain the initial highs may be accelerated by the "rush" experienced with intravenous injection. When dosage level is high, any accompanying toxic psychosis is severe with this amphetamine; the drug can produce acute or chronic psychosis and loss of memory or concentration. Abusers may be victims of brain and arterial damage. It is possible to suffer an acute overdose as well as toxic psychosis. To experience toxic psychosis, or a "speed freakout," may not differ markedly from a bad "head trip" experienced with hallucinogens. Death, as a result of an acute overdose, is also possible. Medical supervision is needed for withdrawal, which is usually characterized by hostility and violence. Like with other amphetamines, antidepressants are contraindicated and the effects of psychedelic drugs may be intensified.

Incidence and Prevalence of Methedrine/Methamphetamine Use

The prevalence of methedrine use in Montana is projected to be 6.4%;

that is, at least 34,831 persons are believed to have used the drug at least once. The incidence of regular use is estimated at 1.5%, or approximately 7,417 persons are taking this drug more often than weekly. Again, the difference between this prevalence and reported incidence lies in prior usage, 2.8%, and infrequent usage, 2.6%

Demographic Characteristics of Methedrine/Methamphetamine Use

Usage of methedrine seems to be a little more frequently associated with males, however, this is not significant. Regular users cannot be accurately described because of sample size limitations. When age is considered, a noticable portion is contributed by the younger groups; 46.2% of all users were 18-24, 30.3% were 25-34, and 15.9% were 14-17. When regular users were considered, the proportion of 18-24 year olds contributing to overall usage increased. Usage occurred throughout all levels of occupation with regular usage typical of managers, administrators, clerks, salespeople, skilled workers, and no datas. Each education level contained usage, but the most occurred when the household head's level was college experience or high school. Of all users, 43.4% were from households where head's education included college experience, while 25.8% came from households where head's education was high school. Most usage of methedrine occurred in rural areas; 59.7% of all users resided in a rural locale. But more regular users were urban than rural (55.6% urban and 44.4% rural).

Characteristics of Use Among Methedrine/Methamphetamine Users

The social context of use was most often the home for both all users and regular users; 57.0% of all users reported use at home, 39.6% use at a social gathering, 17.9% use at work, 13.1% use at school. Regular usage was

similar, 70.4% used at home, about a third used in social settings, and another third used at school.

TABLE 42
PROJECTED PREVALENCE OF METHEDRINE USE IN MONTANA

Social Category	Nonusers ¹		Prior Users ²		Infrequent Users ³		Regular Users ⁴		Total	
	N	%	N	%	N	%	N	%	N	%
Age:										
14-17	56,651	93.4	716	1.2	2,610	4.3	661	1.1	60,638	100.0
18-24	59,360	77.4	7,778	10.1	5,816	7.6	3,719	4.9	76,673	100.0
25-34	70,162	87.8	3,461	4.3	4,784	6.0	1,472	1.8	79,879	100.0
35+	280,919	98.7	2,249	0.8	0	0.0	1,564	0.5	284,732	100.0
Sex:										
Male	229,385	92.1	9,065	3.6	7,984	3.2	2,633	1.1	249,067	100.0
Female	237,706	94.0	5,139	2.0	5,226	2.1	4,784	1.9	252,855	100.0
Residence:										
Urban	133,863	92.2	3,018	2.1	4,185	2.9	4,123	2.8	145,189	100.0
Rural	333,228	93.4	11,186	3.1	9,024	2.5	3,294	0.9	356,732	100.0
Total:	467,091	93.1	14,204	2.8	13,210	2.6	7,417	1.5	501,922	100.0

¹No prior use of the drug.

²Having used the drug at some time but not in the last six months.

³Having used the drug from one time to once per week with the last six months.

⁴Having used the drug more often than once per week over the last month.

TABLE 43

DEMOGRAPHIC CHARACTERISTICS OF PROJECTED USERS OF METHEDRINE

	Regular Users N**	Regular Users %	All Users N***	All Users %
I. Sex distribution of drug user				
a. Males-----	2,633	35.5	10,617	51.5
b. Females-----	4,784	64.5	10,010	48.5
II. Age distribution of drug user				
a. 14-17-----	661	8.9	3,271	15.9
b. 18-24-----	3,719	50.1	9,535	46.2
c. 25-34-----	1,472	19.8	6,256	30.3
d. 35 and over-----	1,564	21.1	1,564	7.6
e. No data-----	0	0.0	0	0.0
III. Occupational class of wage earner				
a. Executives-----	647	8.7	647	3.1
b. Managers-----	1,564	21.1	2,897	14.0
c. Administrators-----	0	0.0	672	3.3
d. Clerks and salespeople-----	1,472	19.8	4,660	22.6
e. Skilled workers-----	1,778	24.0	4,456	21.6
f. Machine operators-----	647	8.7	2,010	9.7
g. Unskilled workers-----	647	8.7	647	3.1
h. Agricultural-----	661	8.9	661	3.2
i. No data-----	0	0.0	3,976	19.3
IV. Education of head of household				
a. College experience-----	4,330	58.4	8,957	43.4
b. Vocational technical-----	889	12.0	2,470	12.0
c. High school degree-----	1,536	20.7	5,318	25.8
d. Less than high school-----	661	8.9	3,880	18.8
e. No data-----	0	0.0	0	0.0
V. Residence				
a. Urban-----	4,123	55.6	8,308	40.3
b. Rural-----	3,294	44.4	12,318	59.7

*N=7,417

**N=20,627

TABLE 44

USE CHARACTERISTICS AMONG THE PROJECTED USERS OF METHEDRINE

	Regular Users N**	Regular Users %	All Users N**	All Users %
I. Where the drugs were used***				
a. At home-----	5,220	70.4	11,753	57.0
b. At a social gathering-----	2,361	31.8	8,168	39.6
c. At work-----	2,344	31.6	3,701	17.9
d. At school-----	780	10.5	2,708	13.1

*N=7,417

**N=20,627

***May be in excess of 100% due to multiple places of drug use,
or less than 100% due to no response categories.

15. Heroin

Heroin, the most potent of the narcotics, is semi-synthetic and a derivative of morphine. While producing it in this country is banned, the drug is illegally imported as a crystalline white powder and can be taken orally, sniffed, or injected. Presently, injection is the most popular type of consumption.

Like other narcotics, heroin is a powerful analgesic. It was originally developed and marketed to replace "habit-forming" morphine. However, it was retracted when demonstrated to be more addictive than any other narcotic. It is at least twice as potent as morphine and at any given dosage level tolerance develops rapidly. Reactions to heroin are similar to those produced by other narcotics but are more intense; the drug produces feelings of heightened ecstasy, extreme euphoria, and eventually drowsiness and sedation. As tolerance increases, establishing both physiological and psychological dependence, heroin becomes needed in greater and greater amounts. However, no real physiological damage is documented to occur due to the drug per se. The real danger to the addict is that in order to avoid the severe withdrawal his whole life becomes drug centered. Securing his next "fix" becomes his raison d'etre, and he becomes insensitive to his own personal relations and environment. The overwhelming expense of maintaining this habit is beyond the means of most users; consequently, many are forced into criminal activity to support their habit.

Withdrawal from heroin is painful and very severe. It is similar to that described for other narcotics and, likewise, is not as life threatening as is withdrawal from barbiturates. However, an overdose can be immediately fatal. Users also run the risk of poisoning themselves by obtaining

substitute substances; for example, strychnine is often passed off as heroin in the illicit market. As with other narcotics, concurrent use of other drugs to heighten or depress effects is observed.

Incidence and Prevalence of Heroin Use

The prevalence of all heroin use in Montana is projected to be 0.6% of the total population, and estimates suggest there to be about 1,086 current users. No regular usage was reported for this drug. The above projection, however, might well represent future regular users, in view of the high addictive potential of this substance. It is felt that these numbers are a real underenumeration since the sampling procedures might not have been able to pick up genuine addicts who have been described elsewhere as generally being transient. Also, it seems probable with heroin that there may be a great deal of reluctance to report use.

Due to the small incidence of use, it is not possible to give a description of users in Montana. However, the drug was reported to be used in all social contexts equally. That is, equal usage was occurring at home, social gatherings, work, and school.

TABLE 45

PROJECTED PREVALENCE OF HEROIN USE IN MONTANA

Social Category	Nonuser ¹		Prior Users ²		Infrequent Users ³		Regular Users ⁴		Total	
	N	%	N	%	N	%	N	%	N	%
Age:										
14-17	59,977	98.9	661	1.1	0	0.0	0	0.0	60,638	100.0
18-24	75,043	97.9	543	0.7	1,086	1.4	0	0.0	76,673	100.0
25-34	79,187	99.1	692	0.9	0	0.0	0	0.0	79,879	100.0
35+	284,732	100.0	0	0.0	0	0.0	0	0.0	284,732	100.0
Sex:										
Male	248,375	99.7	692	0.3	0	0.0	0	0.0	249,067	100.0
Female	250,564	99.1	1,204	0.5	1,086	0.4	0	0.0	252,855	100.0
Residence:										
Urban	145,189	100.0	0	0.0	0	0.0	0	0.0	145,189	100.0
Rural	353,749	99.2	1,897	0.5	1,086	0.3	0	0.0	356,732	100.0
Total:	498,939	99.4	1,897	0.4	1,086	0.2	0	0.0	501,922	100.0

¹No prior use of the drug.

²Having used the drug at some time but not in the last six months.

³Having used the drug from one time to once per week within the last six months.

⁴Having used the drug more often than once per week over the last month.

TABLE 46

DEMOGRAPHIC CHARACTERISTICS OF PROJECTED USERS OF HEROIN

	Regular Users N**	Regular Users %	All Users N***	All Users %
I. Sex distribution of drug user				
a. Males-----	0	0.0	0	0.0
b. Females-----	0	0.0	1,086	100.0
II. Age distribution of drug user				
a. 14-17-----	0	0.0	0	0.0
b. 18-24-----	0	0.0	1,086	100.0
c. 25-34-----	0	0.0	0	0.0
d. 35 and over-----	0	0.0	0	0.0
e. No data-----	0	0.0	0	0.0
III. Occupational class of wage earner				
a. Executives-----	0	0.0	0	0.0
b. Managers-----	0	0.0	0	0.0
c. Administrators-----	0	0.0	0	0.0
d. Clerks and salespeople-----	0	0.0	0	0.0
e. Skilled workers-----	0	0.0	0	0.0
f. Machine operators-----	0	0.0	0	0.0
g. Unskilled workers-----	0	0.0	0	0.0
h. Agricultural-----	0	0.0	0	0.0
i. No data-----	0	0.0	1,086	100.0
IV. Education of head of household				
a. College experience-----	0	0.0	0	0.0
b. Vocational technical-----	0	0.0	543	50.0
c. High school degree-----	0	0.0	543	50.0
d. Less than high school-----	0	0.0	0	0.0
e. No data-----	0	0.0	0	0.0
V. Residence				
a. Urban-----	0	0.0	0	0.0
b. Rural-----	0	0.0	1,086	100.0

TABLE 47

USE CHARACTERISTICS AMONG THE PROJECTED USERS OF HEROIN

		Regular Users N**	Regular Users %	All Users N**	All Users %
I. Where the drugs were used***					
a.	At home-----	0	0.0	692	63.7
b.	At a social gathering-----	0	0.0	692	63.7
c.	At work-----	0	0.0	692	63.7
d.	At school-----	0	0.0	692	63.7

*N=0

**N=1,086

***May be in excess of 100% due to multiple places of drug use,
or less than 100% due to no response categories.

16. Cocaine

Cocaine is a stimulant which has had profound excitatory effects on the central nervous system. However, because of its potential for very intense reactions and because United States drug laws classify it as a narcotic, it will be discussed separately from other stimulants.

Cocaine comes from the leaves of the coca bush and in pure form appears as a white crystalline powder. It has been used as a local anesthetic but has largely been replaced in this area. Taken orally, its effects are not as pronounced as when snorted or injected. It produces a profound euphoria, characterized by extreme mood elevation and grandiose feelings of increased mental and physical abilities. Hallucinations may be present, but the total euphoric state is rather short lived. Toxic doses can be fatal, and chronic usage may generate unpleasant hyperstimulation, occasional convulsions, paranoia, hallucinations, and chronic insomnia. No physical dependence has been associated with cocaine use. However, as with other stimulants, depression follows abstinence; therefore, psychic dependence results in order to prevent this condition. No overt tolerance appears to develop as with the amphetamines. Confusion concerning cocaine's addictive qualities and tolerance levels is due to the popularity of its concurrent use with other addictive drugs; for example, a "speedball" is a combination of heroin and cocaine. Simultaneous use with narcotics reduces cocaine's pronounced initial stimulation and, therefore, adds the danger of physical dependence on narcotics.

Incidence and Prevalence of Cocaine Use

The prevalence of cocaine use in Montana is projected to be 4.0%

of the population; that is, 19,839 persons are estimated to have used the drug at least once. No regular users were recorded in the survey, which is not surprising considering our sample size and the lack of evidence of the regular use of this drug. Irregular use is projected to be 1.7% of the population, or 8326 persons. Prior use accounts for 2.3% of the overall prevalence.

The following discussion is limited to describing characteristics among infrequent users in our sample. Cocaine users fall primarily into the 18-24 and 25-34 age groups. They tend to be female somewhat more often than male. Most cocaine users come from households where head's education includes college experience, and they tend to be rural. Over three-quarters of usage occurs at social gatherings, the remainder at home.

Characteristics of Use Among Cocaine Users

Due to the small number of persons reporting the use of cocaine in the state, little definitive can be said about the characteristics of use. Table 50 suggests that most of cocaine use takes place in social settings and in the home, with a small number using the drug in the work setting.

TABLE 48

PROJECTED PREVALENCE OF COCAINE USE IN MONTANA

Social Category	Nonusers ¹		Prior Users ²		Infrequent Users ³		Regular Users		Total	
	N	%	N	%	N	%	N	%	N	%
Age:										
14-17	59,405	98.0	661	1.1	572	0.9	0	0.0	60,638	100.0
18-24	68,719	89.6	3,737	4.9	4,217	5.5	0	0.0	76,673	100.0
25-34	75,746	94.8	2,769	3.5	1,364	1.7	0	0.0	79,879	100.0
35+	278,213	97.7	4,346	1.5	2,173	0.8	0	0.0	284,732	100.0
Sex:										
Male	241,201	96.8	4,035	1.6	3,831	1.5	0	0.0	249,067	100.0
Female	240,882	95.3	7,478	3.0	4,495	1.8	0	0.0	252,855	100.0
Residence:										
Urban	143,236	98.7	710	0.5	1,243	0.9	0	0.0	145,189	100.0
Rural	338,847	95.0	10,803	3.0	7,082	2.0	0	0.0	356,732	100.0
Total:	482,083	96.0	11,513	2.3	8,326	1.7	0	0.0	501,922	100.0

¹No prior use of the drug.²Having used the drug at some time but not in the last six months.³Having used the drug from one time to once per week within the last six months.⁴Having used the drug more often than once per week over the last month.

TABLE 49

DEMOGRAPHIC CHARACTERISTICS OF PROJECTED USERS OF COCAINE

	Regular Users N**	Regular Users %	All Users N**	All Users %
I. Sex distribution of drug user				
a. Males-----	0	0.0	3,831	46.0
b. Females-----	0	0.0	4,495	54.0
II. Age distribution of drug user				
a. 14-17-----	0	0.0	572	6.9
b. 18-24-----	0	0.0	4,217	50.7
c. 25-34-----	0	0.0	1,364	16.4
d. 35 and over-----	0	0.0	2,173	26.1
e. No data-----	0	0.0	0	0.0
III. Occupational class of wage earner				
a. Executives-----	0	0.0	647	7.8
b. Managers-----	0	0.0	0	0.0
c. Administrators-----	0	0.0	2,845	34.2
d. Clerks and salespeople-----	0	0.0	572	6.9
e. Skilled workers-----	0	0.0	692	8.3
f. Machine operators-----	0	0.0	1,190	14.3
g. Unskilled workers-----	0	0.0	647	7.8
h. Agricultural-----	0	0.0	0	0.0
i. No data-----	0	0.0	1,733	20.8
IV. Education of head of household				
a. College experience-----	0	0.0	4,138	49.7
b. Vocational technical-----	0	0.0	1,235	14.8
c. High school degree-----	0	0.0	1,733	20.8
d. Less than high school-----	0	0.0	1,218	14.6
e. No data-----	0	0.0	0	0.0
V. Residence				
a. Urban-----	0	0.0	1,243	14.9
b. Rural-----	0	0.0	7,082	85.1

#N=0

###=8,323

TABLE 50

USE CHARACTERISTICS AMONG THE PROJECTED USERS OF COCAINE

		Regular Users	Regular Users	All Users	All Users
		N**	%	N**	%
I. Where the drugs were used***					
a.	At home-----	0	0.0	1,907	22.9
b.	At a social gathering-----	0	0.0	6,415	77.0
c.	At work-----	0	0.0	543	6.5
d.	At school-----	0	0.0	0	0.0

*N=0

**N=8,326

***May be in excess of 100% due to multiple places of drug use,
or less than 100% due to no response categories.

17. Solvents/Inhalants

The use of solvents/inhalants, termed "flashing," involves inhalation of highly volatile compounds which are soluble in the lipids (fat) of human tissue. This group of solvents/inhalants can be classified into three major categories: (1) coal tar derivatives, e.g., lacquers, thinners, removers, gasoline, quick drying glues and cements, chloroform, and ethyl ether; (2) freon gas, e.g., aerosol and refrigerant gases; and (3) nitric acid derivatives, e.g., nitrous oxide (laughing gas).

There is no medical use for these substances apart from the anesthesia produced by nitrous oxide, chloroform, and ether. These substances have an effect on the central nervous system much as do alcohol, barbiturates, and other sedatives. Effects are dependent on dosage; in low doses there is mood elevation, increased sociability, lessened inhibitions, and mild euphoria. Higher doses lead to dizziness, hazy euphoria, perceptual distortions, confusion, blurred vision, and poor coordination; further doses bring in extreme drowsiness, stupor, or sedation. High dosage can produce acute psychosis, but there is no evidence of long term psychotic reactions. Overdose can be fatal. Permanent physiological damage to the brain has been widely suggested but not conclusively documented; however, liver and kidney abnormalities have been recorded as a result of using solvents/inhalants. Another danger associated with usage of these substances may well be the delusions and impaired judgment that can lead to accidents. No physical dependence on these substances is indicated, though tolerance levels are reported.

Incidence and Prevalence of Solvent/Inhalant Use

The prevalence of solvent inhalation in Montana is estimated at

2.4% of the population, or 11,824 persons who have inhaled solvents at least once (Table 51). There was no current regular use of solvents reported in this study, therefore, of course, it is impossible to give the appropriate demographic description. Also, even all users (here, only infrequent users) represent only a projected 0.2% of the population, approximately 1,086 persons. Consequently, a detailed discussion of these users cannot be accurately presented. The bulk of the prevalence recorded is accounted for by prior users; 2.1%, or a projected 10,738 individuals, report ever having used the drug, but not within the past six months.

Since it is impossible to make generalizations to the State of Montana from this data, only a statement of what appeared in the sample is in order. In this sample, all current users were between 18-24 years of age. Also, there was a greater percentage of prior users among the 18-24 cohort than among other age cohorts. These were from households where the head's education was high school or vo-tech and they were predominately rural. The data suggests further that the use of solvent occurs primarily in the home.

TABLE 51

PROJECTED PREVALENCE OF SOLVENT USE IN MONTANA

Social Category	Nonusers ¹		Prior Users ²		Infrequent Users ³		Regular Users ⁴		Total	
	N	%	N	%	N	%	N	%	N	%
Age:										
14-17	59,922	98.8	716	1.2	0	0.0	0	0.0	60,638	100.0
18-24	72,151	94.1	3,436	4.5	1,086	1.4	0	0.0	76,673	100.0
25-34	77,715	97.3	2,164	2.7	0	0.0	0	0.0	79,879	100.0
35+	280,310	98.4	4,422	1.6	0	0.0	0	0.0	284,732	100.0
Sex:										
Male	243,407	97.7	5,660	2.3	0	0.0	0	0.0	249,067	100.0
Female	246,691	97.6	5,078	2.0	1,086	0.4	0	0.0	252,855	100.0
Residence:										
Urban	142,810	98.4	2,379	1.6	0	0.0	0	0.0	145,189	100.0
Rural	347,287	97.4	8,359	2.3	1,086	0.3	0	0.0	356,732	100.0
Total:	490,098	97.6	10,738	2.1	1,086	0.2	0	0.0	501,922	100.0

¹No prior use of the drug.

²Having used the drug at some time but not in the last six months.

³Having used the drug from one time to once per week within the last six months.

⁴Having used the drug more often than once per week over the last month.

TABLE 52

DEMOGRAPHIC CHARACTERISTICS OF PROJECTED USERS OF SOLVENTS

	Regular Users N*	Regular Users %	All Users N**	All Users %
I. Sex distribution of drug user				
a. Males-----	0	0.0	0	0.0
b. Females-----	0	0.0	1,086	100.0
II. Age distribution of drug user				
a. 14-17-----	0	0.0	0	0.0
b. 18-24-----	0	0.0	1,086	100.0
c. 25-34-----	0	0.0	0	0.0
d. 35 and over-----	0	0.0	0	0.0
e. No data-----	0	0.0	0	0.0
III. Occupational class of wage earner				
a. Executives-----	0	0.0	0	0.0
b. Managers-----	0	0.0	0	0.0
c. Administrators-----	0	0.0	0	0.0
d. Clerks and salespeople-----	0	0.0	0	0.0
e. Skilled workers-----	0	0.0	0	0.0
f. Machine operators-----	0	0.0	0	0.0
g. Unskilled workers-----	0	0.0	0	0.0
h. Agricultural-----	0	0.0	0	0.0
i. No data-----	0	0.0	1,086	100.0
IV. Education of head of household				
a. College experience-----	0	0.0	0	0.0
b. Vocational technical-----	0	0.0	543	50.0
c. High school degree-----	0	0.0	543	50.0
d. Less than high school-----	0	0.0	0	0.0
e. No data-----	0	0.0	0	0.0
V. Residence				
a. Urban-----	0	0.0	0	0.0
b. Rural-----	0	0.0	1,086	100.0

N=0

N=1,086

TABLE 53

USE CHARACTERISTICS AMONG THE PROJECTED USERS OF SOLVENTS

		Regular Users		Regular Users		All Users	
		N*	%	N**	%	N**	%
I. Where the drugs were used***							
a.	At home-----	543	50.0	543	50.0	543	50.0
b.	At a social gathering-----	0	0.0	0	0.0	0	0.0
c.	At work-----	0	0.0	0	0.0	0	0.0
d.	At school-----	0	0.0	0	0.0	0	0.0

*N=1,086

**N=1,086

***May be in excess of 100% due to multiple places of drug use,
or less than 100% due to no response categories.

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APPENDICES

APPENDIX A

State of Montana Incidence and Prevalence Study

Provided by: Arthur Young and Co.
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SAMPLE DESIGNI. Basic Information

- A. The study is to be a general population survey.
- B. The study is to consist of 500 interviews.
- C. Three major demographic subgroups are of concern:
 - 1. Urban/rural populations
 - 2. Four (4) age categories
 - a. 14-17
 - b. 18-24
 - c. 25-34
 - d. 35 and older
 - 3. Sex
- D. A minimum of 100 responses would be required to validate any subgroup sample.
 - 1. Ethnic subgroups are ruled out.
 - 2. Occupation subgroups are ruled out.
- E. There are to be equal numbers of men and women in the four age/sex cells.
- F. Alcoholism and smoking prevalence is to be included.
- G. Urban population is defined as cities only of Missoula, Helena, Billings, Great Falls, and Butte.

H. The 1970 census is the basic data source.

II. Drawing the Sample

A. The primary sampling unit (PSU) is to be a cluster of 10 interviews.

B. Total number of PSU's is:

$$\frac{500 \text{ (interviews)}}{10 \text{ (cluster size)}} = 50 \text{ PSU's}$$

C. Urban population percentage of total interviews:

Missoula-----	29,497
Helena-----	22,730
Billings-----	61,581
Great Falls-----	60,091
Butte-----	<u>23,368</u>

Total-----197,267=2% of state=145 respondents

D. Rural population percentage of total interviews:

694,409 (state) - 197,267 (urban)=497,142=71% of state=355 respondents

E. PSU's by urban/rural definition:

$$\text{Urban---}\frac{145 \text{ (interviews)}}{10 \text{ (cluster size)}} = 14.5 \text{ PSU's}$$

$$\text{Rural---}\frac{355 \text{ (interviews)}}{10 \text{ (cluster size)}} = 35.5 \text{ PSU's}$$

Rounding in favor of urban population:

Urban = 15 PSU's

Rural = 35 PSU's

F. Urban sampling interval

$$\frac{197,267 \text{ (population)}}{15 \text{ (PSU's)}} = 13,151$$

G. Rural sampling interval

$$\frac{497,142 \text{ (population)}}{35 \text{ (PSU's)}} = 14,204$$

H. Random number starting points

Urban--- 793

Rural---1,945

I. Methodology - Rural

1. Using statistics from Exhibit I (available from the Office of Addictive Diseases), rank order the counties by population.
2. Using Exhibit I, and rank order of counties, rank order sub-divisions within each county; the product of steps 1 and 2 is Exhibit II (available from the Office of Addictive Diseases).
3. Using Exhibit II, Part B, start with the first sub-division and accumulate populations until the rural random number starting point (1,945) is reached. This sub-division then becomes the first PSU.
4. To select the next PSU, subtract the excess population in the previous sub-division from the sampling interval and continue to proceed through successive sub-divisions until the sampling interval is reached.
5. Repeat step 4 until 35 PSU's are selected, being careful to subtract the excess population from the sampling interval each time.

J. Methodology - Urban

1. Using Exhibit IV, statistics, rank order urban centers by population; this ordering is identified by Parts A through E.
2. Using Exhibit IV and beginning with Part A, start with the first tract and the first block and accumulate populations until the urban random number starting point (793) is reached; this block then becomes the first PSU.
3. To select the next PSU, subtract the excess population in the previous block from the urban sampling interval and continue through successive blocks until the sampling interval is reached.

4. Repeat step 3 until 15 PSU's are selected, being careful to subtract the excess population from the sampling interval each time.

III. Identifying the Interview Procedure

A. Urban

1. Enter each selected block on the control sheet; identify the city and the street name boundaries--refer to block maps, Exhibit I for this information.
2. Each pre-listed block becomes the "female" block; the interviewer begins with the third house in from the northeast corner and proceeds clockwise around the block to complete the female age quotas assigned.
3. If the quota cannot be met on the first block, continue on to the next block immediately north of the first block beginning with the first house in the southeast corner and proceed clockwise. (If no block exists to the north, go south and begin with the first house in the northeast corner.)
4. The male block (starting) is the one that is directly across the street from the starting female household (east); begin with the third house in from the northwest corner and proceed counter-clockwise around the block to complete the male age quotas assigned.
5. If the quota cannot be met on the first block, continue on to the next block immediately north of the first block beginning with the first house in the southwest corner and proceed counter-clockwise. (If no block exists to the north, go south and begin with the first house in the northwest corner.)

B. Rural

1. Enter each selected sub-division on the control sheet; identify the county and sub-division location on the maps in Exhibit III.
2. Identify from Exhibit I whether or not a city or town exists in the sub-division. If one exists, determine if the name of that town begins with an odd or even letter. If odd, use the city or town as the sampling area; if even, use the surrounding area as the sampling area. When the population of the city or town equals the sub-division population then the city becomes the sampling area. When more than one city or town exists in a sub-division use just the first city. Be careful to exclude the five cities incorporated into the urban sample.
3. Each rural PSU then is to be assigned a letter in this order:
A, B, C, D, F, G, H, J, K, L, M, N, P, R, S, T, W, A, B, C, etc.
until all PSU's have been prelettered.
4. Using the local telephone book for each PSU, identify the third resident living in the area whose name begins with the pre-designated letter and write the address on the control sheet. This then becomes the starting point for the female quotas. If the address is located on a block within a town, follow the instructions for proceeding (both male and female) as described in the urban section (excepting the starting point). If the address is located in a non-town area, the side of the road that the residence is situated on becomes the female survey section and the opposite side of the road, the male survey section. The interviewer should follow that road until the quotas are filled.

C. Support Data

1. A listing of actual population should be prepared for each identified sample area by total, race, and sex for the age groups 14-17, 18-24, 25-34, 35 and over so that weighting factors can be developed for factoring the survey data.

D. Distribution of Interviews

<u>Age 14-17</u>	<u>100</u>
Male-----	50
Female-----	50
<u>Age 18-24</u>	<u>130</u>
Male-----	65
Female-----	65
<u>Age 25-34</u>	<u>120</u>
Male-----	60
Female-----	60
<u>Age 35 and over</u>	<u>150</u>
Male-----	75
Female-----	75

APPENDIX B

As is well recognized, the estimation of standard errors and the use of tests of significance are based upon the assumption of a perfectly random sample. At the same time it is likewise known that for reasons of expense and practicality, no samples of entire statewide or national populations are made using perfectly ideal random procedures. Means of estimating the standard error of complex multistage cluster samples do exist. However, the complexity and expense of these procedures, plus the fact that such standard errors must be computed separately for each table, have meant that such procedures are virtually never used. The experience gained by those constantly involved in survey research at the University of Michigan, the University of Chicago, and the Roper Public Opinion Research Center have shown that the standard error in samples such as the one taken here can be expected to be on the average 1.3 times as large as those based upon a pure probability sample.

Table 54 below lists the standard error percentages based upon a probability sample, given the size of the sample or the subsample, and given the percentage distribution. The standard errors in the present survey can be expected to be approximately 1.3 times as large. In order to estimate the actual number of cases upon which a particular table was based, before weighting, consult Table 54 below. Percentages based on the entire sample are based upon approximately 500 cases; percentages calculated within categories of age are based upon approximately 100 cases; percentages calculated within categories of sex involve approximately 240 cases; percentages calculated regarding rural respondents are based on 325 cases; and percentages regarding the urban sample are based upon approximately 150 cases.

Estimation of the standard error of the percentages and frequencies is further confounded by the fact that these percentages and frequencies are based on differentially weighted cases and the particular combination of cases with particular weights varies from table to table. For all these reasons, the standard errors as estimated from Table 54 use only crude guides to the approximate confidence intervals for the statistics from table to table.

TABLE 54

STANDARD ERROR OF THE PERCENTAGE FOR A RANDOM SAMPLE

<u>Sub-sample size</u>	<u>5/95</u>	<u>10/90</u>	<u>20/80</u>	<u>30/70</u>	<u>40/60</u>	<u>50/50</u>
100	2.2	3.0	4.0	4.6	4.9	5.0
300	1.3	1.8	2.3	2.7	2.8	2.9
500	1.0	1.3	1.8	2.1	2.2	2.2

Appendix C
SAMPLE QUESTIONNAIRE

Sample Point _____

City or Town _____

Interviewer _____

We are conducting a public opinion survey in the State about some of the medicines and drugs people use, and the things they drink. Here is a letter from George Swartz, Addictive Diseases Unit, that explains what the survey is about.

1. Almost everyone uses different kinds of drugs and medicines for various reasons throughout their lives. I'm going to read you a list of some things people take drugs or medicine for. Would you tell me if you have ever used any drug or medicine for each one I call out?

Has	Never	Not Sure
<u>Used</u>	<u>Used</u>	<u>No Answer</u>

- a. To cure or prevent a serious illness of any kind?
- b. To relieve a headache, backache, or muscular pain?
- c. To help you get to sleep?
- d. To lose or control your weight?
- e. To relieve a tired feeling or pep you up when you have to keep going?
- f. To calm you down or relieve nervous tension?

2. Now I'm going to read you some statements about drugs -- their effects and the laws governing their use. For each one I want to know your personal opinion -- whether you basically agree or disagree with it. The first statement is (READ EACH STATEMENT AND ASK FOR EACH). Do you tend to agree or disagree with that?

Dis-	Not	Refused,
<u>Agree</u>	<u>Agree</u>	<u>Sure</u>
		<u>No Answer</u>

- a. There is nothing wrong with smoking marihuana as long as a person does so in moderation.
- b. Everyone should try drugs at least once to find out what they are like.
- c. Most people who smoke marihuana use it for a long time.
- d. Sniffing glue can damage the brain.
- e. Education is the best way of preventing drug abuse.
- f. People can use drugs to find out more about themselves.
- g. Drug use should be a matter of personal decision.
- h. Amphetamines -- "pep" or "diet pills," can produce psychological dependence.

	Dis-	Not	Refused,
<u>Agree</u>	<u>Agree</u>	<u>Sure</u>	<u>No Answer</u>

- i. A lot of people need drugs to cope with stress.
- j. Strict and harsh punishment of drug abusers will keep others from using drugs.
- k. Smoking marihuana is no more harmful than drinking liquor.
- l. Barbiturates -- prescription sleeping pills, can lead to physical as well as psychological dependence.
- m. L.S.D. can cause chromosome change -- birth defects.
- n. The medical benefits from most prescription drugs outweigh the risk that they might be misused.
- o. Most people who smoke marihuana use it for a while and then go to something stronger.

3. Now I am going to read you some statements about alcoholic beverages -- beer, wine, whiskey, gin and vodka. For each one I again want to know whether you tend to agree or disagree with it. The first statement is (READ EACH STATEMENT AND ASK FOR EACH). Do you tend to agree or disagree with that?

	Dis-	Not	Refused,
<u>Agree</u>	<u>Agree</u>	<u>Sure</u>	<u>No Answer</u>

- a. Everyone should try alcoholic beverages at least once to find out what they are like.
- b. If you drink an alcoholic beverage every day you will suffer some physical damage.
- c. If you learn to drink in the home when you are young you are less likely to get into trouble with alcohol when you get older.
- d. Heavy drinking makes people do things they know are morally wrong -- alcoholics can't help themselves.
- e. If you have a driver's license, you have agreed to take a test needed to determine if you are drunk or not when involved in a driving violation or accident.
- f. A lot of people use alcohol in order to cope with stress.
- g. Alcoholism or heavy drinking is a sign of personal problems.
- h. If an alcoholic stops drinking completely and suddenly, it can be dangerous to his health.

4. Which do you think is the better way to cut down on the number of alcoholics in your state: providing more treatment centers for alcoholics, or having stricter laws about drinking and enforcing them?

Treatment centers (26-1)
Both (Volunteered) (3)

Stricter laws (2)
Not Sure (4)

5. Here is a list of brand name medicines you can buy over-the-counter without any prescription. (HAND RESPONDENT BLUE CARD). Have you personally ever taken or used any (ASK AND RECORD FOR EACH NUMBERED BRAND)? (ALSO CIRCLE EACH BRAND RECORDED "YES.")

		Don't Know
<u>Yes</u>	<u>No</u>	<u>No Answer</u>

Sleep Inducers

1. Nytol
2. Sleepeze
3. Sominex

Stimulants

4. Vivarin
5. No-Doz

Tranquilizers

6. Compoz
7. Dramamine

Cough Suppressants

8. Robitussin, NyQuil, or Terpenhydrate

Pain Killers

9. Empirin or Tylenol

INSTRUCTIONS: ASK QUESTION 6 ABOUT EACH BRAND NAME CIRCLED AND RECORDED "YES" IN QUESTION 5. IF NONE ARE CIRCLED, SKIP TO QUESTION 8.

6. Have you taken or used any (EACH CIRCLED BRAND) in the last six months? (RECORD AND ALSO CIRCLE EACH BRAND RECORDED "YES.")

		Don't Know
<u>Yes</u>	<u>No</u>	<u>No Answer</u>

1. Nytol
2. Sleepeze
3. Sominex
4. Vivarin
5. No-Doz
6. Compoz
7. Dramamine
8. Robitussin, NyQuil, or Terpenhydrate
9. Empirin or Tylenol

INSTRUCTIONS: CIRCLE EACH BRAND BELOW USED IN LAST SIX MONTHS IN QUESTION 6. THEN ASK QUESTION SERIES 7a, b, c IN SEQUENCE ABOUT EACH CIRCLED BRAND. IF NONE USED, SKIP TO QUESTION 8.

7. a. Have you taken or used any (CIRCLED BRAND) in the last week -- the last seven days? (RECORD BELOW) (IF "YES" ASK 7b; IF "NO" OR "NOT SURE," SKIP TO 7c).
7. b. About how many times have you used (CIRCLED BRAND) in the last seven days? (Just as a guess) (RECORD BELOW) (ASK QUESTION 7a ABOUT NEXT CIRCLED BRAND).
7. c. Have you ever used (CIRCLED BRAND) daily for a one-week period? (RECORD BELOW) (ASK Question 7a ABOUT NEXT CIRCLED BRAND).

Nytol	Sleepeze	Sominex	Vivarin	No-Doz	Compoz	Dramamine	Robitussin, Ny- Quil or Terpen- hydrate	Empirin or Tylenol
-------	----------	---------	---------	--------	--------	-----------	---	-----------------------

7. a. Used Last Week

Yes	(ASK 7b)
No	(SKIP TO
Not Sure, refused	7c)

7. b. Times Used Last Week

Once	(ASK 7a
Twice	ABOUT NEXT
3, 4 times	CIRCLED
5-9 times	BRAND)
10 or more times	
Not sure, refused	

7. c. Ever Used Daily -- For One Week

Yes	(ASK 7a
No	ABOUT NEXT
Not sure, refused	CIRCLED
	BRAND)

8. Here is a card listing 17 numbered classes of drugs -- with some examples shown of each kind in most cases. (HAND RESPONDENT BUFF CARD). Have you personally ever taken or used? (ASK AND RECORD FOR EACH DRUG) (ALSO CIRCLE EACH DRUG RECORDED "YES")

DK,
Yes No NA

1. Barbiturates (prescription sleeping pills, phenobarbital, seconal, tuinal, amobarbital, etc.)
2. Other Sedatives (soper, doriden, quaalude, nodular, bromides)
3. Relaxants -- Minor Tranquilizers (librium, equanil, valium, etc.)
4. Major Tranquilizers (thorazine, stelazine, mellaril)
5. Antidepressants (elavil, tofranil, marplan, etc.)
6. Diet Pills (dexamyl, preludin, etc.)
7. Pep Pills (dexadrine, benzodrine, etc.)
8. Methedrine/Methamphetamine ("speed," desoxyn, desbutal, etc.)
9. Cocaine
10. Other Stimulants (ritalin, procaine, etc.)
11. Marihuana or Hashish
12. L.S.D.
13. Other Psychotogens (D.M.T., mescaline, psilosybin, etc.)
14. Solvents or Inhalants (glue, anylnitrate, etc.)
15. Heroin
16. Other Opiates (morphine, demerol, paregoric, etc.)
17. Noncontrolled Narcotics (darvon, talwin, codeine, cough syrups)

INSTRUCTIONS: CIRCLE EACH DRUG EVER USED IN QUESTION 8 ABOVE. THEN ASK QUESTION SERIES 9-17 ABOUT EACH CIRCLED DRUG, STARTING WITH LOWEST NUMBERED DRUG. IF NONE EVER USED IN QUESTION 8, SKIP TO QUESTION 18.

9. You said you have used (CALL OFF CIRCLED DRUG). Have you used or taken any of these in the last 6 months?
10. Have you used or taken any in the last 90 days -- the last 3 months?
11. Have you used or taken any in the last 30 days -- 1 month?
12. How often have you used or taken (DRUG) in the last month -- just about every day, or three to five times a week, or about once a week, or less than once a week?
13. Have you ever used (CIRCLED DRUG) daily for a one-week period?
14. Where do you usually take or use it -- at home, or at a social gathering, or going to and from one, or at work (or at school)? (MAY MULTIPLE RECORD)

15. Have all the ones you have taken recently been obtained under your doctor's prescription or some of them, or none of them?
16. Have you taken them just the way your doctor ordered, or not as he ordered -- like more than he prescribed, or more often than directed, or for different reasons?
17. Do you take them less often than prescribed, or more per day than prescribed, or more at one time than prescribed, or use them for different reasons or conditions than prescribed for? (MAY MULTIPLE RECORD)

Marihuana/
Hashish
L.S.D.
Other
Psychotogens

Solvents or
Inhalants
Heroin
Other
Opiates
Noncontrolled
Narcotics

9. Six Months
Yes (ASK 10)
No (ASK ABOUT NEXT DRUG)
DK, NA
10. 90 Days
Yes (ASK 11)
No (SKIP TO Q. 13)
DK, NA
11. Last Month
Yes (ASK 12)
No (SKIP TO Q. 13)
DK, NA
12. Used
Daily
3-5 times a week
Once a week
Less Often
Not Sure
Refused (SKIP TO Q. 14)
13. Daily
Yes (ASK 14)
No (ASK ABOUT NEXT DRUG)
DK, NA
14. Where
Home
Social
Work
School
Other
DK, NA (CONTINUE)
15. How
All
Some
None
DK, NA (CONTINUE)
16. M.D.
Just as ordered (ASK ABOUT NEXT DRUG)
Not as ordered (ASK 17)
DK, NA (ASK ABOUT NEXT DRUG)
17. Taken
Less
More
More/time
Different
DK, NA (ASK ABOUT NEXT DRUG)
9. Yes
no
DK, NA
10. Yes
No
DK, NA
11. Yes
No
DK, NA
12. Daily
3-5 times a week
Once a week
Less Often
Not Sure
Refused
13. Yes
No
DK, NA
14. Home
Social
Work
School
Other
DK, NA
15. All
Some
None
DK, NA
16. Just as ordered
Not as ordered
DK, NA
17. Less
More
More/Time
Different
DK, NA

ASK EVERYONE

18. a. In the past year did you drink any alcoholic beverages such as beer, wine, whiskey, gin, rum or vodka?

Yes (SKIP TO 19a)
No, NA (ASK 18b)

18. b. Did you ever drink alcoholic beverages in the past?

Yes (ASK 18c)
No, NA (SKIP TO 32a)

18. c. When you drank alcoholic beverages, did you drink them regularly, occasionally, or just once in a great while?

Regularly	}	(ASK 18d)
Occasionally		
Once in a great while	}	(SKIP TO 32a)
Not sure, NA		

18. d. Did you stop drinking because you had an alcohol problem, or thought you might get one if you continued drinking?

Yes (ASK 18e)
No, NA (SKIP TO 29)

18. e. When you stopped drinking, did you get any special help -- such as from Alcoholics Anonymous, or a doctor, or at a treatment center or not?

Yes, did	}	(SKIP TO 29)
No, didn't		
Not sure, NA		

19. a. About how often do you usually drink any kind of beverages which have alcohol in them? (IF "EVERY DAY," ASK HOW MANY TIMES A DAY).

3 or more times a day	}	(ASK 20a)
2 times a day		
Once a day		
Nearly every day		
3 or 4 times a week		
Once or twice a week		
2 or 3 times a month		
About once a month		
Less than once a month, Not sure, NA		(SKIP TO 32a)

20. A. About how often do you usually drink wine?

- | | | |
|---------------------------|---|---------------|
| 3 or more times a day | } | (ASK 20b) |
| 2 times a day | | |
| Once a day | | |
| Nearly every day | | |
| 3 or 4 times a week | | |
| Once or twice a week | } | (SKIP TO 21a) |
| 2 or 3 times a month | | |
| About once a month | | |
| Less than once a month | | |
| Less than once a year | | |
| Do not drink wine, NS, NA | | |

20. b. Please think about all the times you have had wine recently. Which numbered position on this card (HAND RESPONDENT YELLOW CARD) comes closest to how often you have as many as five or six glasses at one time?

- | | | |
|----------------------------|---|---------------|
| 1. Nearly every time | } | (SKIP TO 21a) |
| 2. More than half the time | | |
| 3. Less than half the time | } | (ASK 20c) |
| 4. Once in a while | | |
| 5. Never, Not sure, NA | | |

20. c. Which position on the card is closest to how often you have one or two glasses when you drink wine?

1. Nearly every time
2. More than half the time
3. Less than half the time
4. Once in a while
5. Never, Not sure, NA

21. a. Switching to beer, about how often do you usually drink beer?

- | | | |
|---------------------------|---|---------------|
| 3 or more times a day | } | (ASK 21 b) |
| 2 times a day | | |
| Once a day | | |
| Nearly every day | | |
| 3 or 4 times a week | | |
| Once or twice a week | } | (SKIP TO 22a) |
| 2 or 3 times a month | | |
| About once a month | | |
| Less than once a month | | |
| Less than once a year | | |
| Do not drink beer, NS, NA | | |

21. b. Thinking about all the times you have had beer recently, which position on the card (HAND RESPONDENT YELLOW CARD) comes closest to how often you have as many as five or six cans or bottles?

- | | | |
|----------------------------|---|---------------|
| 1. Nearly every time | } | (SKIP TO 22a) |
| 2. More than half the time | | |
| 3. Less than half the time | } | (ASK 21c) |
| 4. Once in a while | | |
| 5. Never, Not sure, NA | | |

21. c. How often do you usually have three or four cans of bottles?

- | | | |
|----------------------------|---|---------------|
| 1. Nearly every time | } | (SKIP TO 21a) |
| 2. More than half the time | | |
| 3. Less than half the time | } | (ASK 21d) |
| 4. Once in a while | | |
| 5. Never, Not sure, NA | | |

21. d. How often do you have one or two bottles or cans?

1. Nearly every time
2. More than half the time
3. Less than half the time
4. Once in a while
5. Never, Not sure, NA

22. a. Switching to drinks containing whiskey, or cocktails mixed with hard liquor -- about how often do you usually have drinks of this kind?

- | | | |
|----------------------------------|---|--------------|
| 3 or more times a day | } | (ASK 22b) |
| 2 times a day | | |
| Once a day | | |
| Nearly every day | | |
| 3 or 4 times a week | | |
| Once or twice a week | | |
| 2 or 3 times a month | } | (SKIP TO 23) |
| About once a month | | |
| Less than once a month | | |
| Less than once a year | | |
| Do not drink hard liquor, NS, NA | | |

22. b. Thinking about all the times you have had hard liquor or cocktails recently, which position on the card (HAND RESPONDENT CARD) comes closest to how often you have as many as five or six drinks?

- | | | |
|----------------------------|---|--------------|
| 1. Nearly every time | } | (SKIP TO 23) |
| 2. More than half the time | | |
| 3. Less than half the time | } | (ASK 22c) |
| 4. Once in a while | | |
| 5. Never, Not sure, NA | | |

22. c. How often do you usually have three or four drinks?

- | | | |
|----------------------------|---|--------------|
| 1. Nearly every time | } | (SKIP TO 23) |
| 2. More than half the time | | |
| 3. Less than half the time | } | (ASK 22d) |
| 4. Once in a while | | |
| 5. Never, Not sure, NA | | |

22. d. How often do you usually have one or two drinks?

1. Nearly every time
2. More than half the time
3. Less than half the time
4. Once in a while
5. Never, Not sure, NA

(ASK ALL DRINKERS)

23. Which alcoholic beverage do you drink most frequently -- beer, wine or hard liquor?

Beer	Wine	Hard Liquor
------	------	-------------

24. Some people, even those who drink very little, worry about their drinking. How much do you worry about your drinking -- a lot, some, a little, or not at all?

Lot	Little
Some	Not at all, Not sure, NA

25. If you had to give up drinking entirely, how much would you miss it -- a lot, some, a little, or not at all?

Lot	Little
Some	Not at all, Not sure, NA

26. If you were to classify yourself, would you consider yourself a heavy, moderate, or light drinker?

Heavy	Light
Moderate	Not sure, NA

27. a. Compared to a few years ago, would you say you are drinking more alcoholic beverages now than you were then, or less now or about the same amount.

More Now	Same
Less Now	Not sure, NA

27. b. With whom would you say you do most of your drinking -- friends, business acquaintances, relatives, persons known mostly through drinking or by yourself?

Friends, business acquaintances
 Relatives, family
 Persons known mostly through drinking
 By yourself
 Not sure, NA

28. Where would you say you do most of your drinking -- at home, at friends' homes, in clubs or bars or in restaurants?

Home	Restaurants
Friends' homes	Other
Bar, clubs	Not sure, NA

29. How many times, if any, have you had trouble with your family because of drinking, several times, once or twice, or never?

Several	Once/twice
Never	Not sure, NA

30. How many times, if any, have you gotten into trouble with the law because of drinking -- several times, once or twice, or never?

Several	Once/twice
Never	Not sure, NA

31. How many times, if any, have you missed work or gotten into trouble on the job because of drinking -- several times, once or twice, or never?

Several	Once/twice
Never	Not sure, NA

INSTRUCTIONS: CHECK BACK TO PAGES 151 and 152. IF ANY DRUGS CIRCLED AT TOP OF PAGES, CONTINUE. IF NO DRUGS CIRCLED, SKIP TO QUESTION 33.

32. a. Switching back to a few last questions about drugs now, sometimes you can have a bad effect from taking a drug. You can become sick or have hallucinations, or feel like you have no energy or motivation or all wound up and overly-energetic. Have you ever had a bad or unpleasant effect from taking a drug? (IF "YES") About how many times has this happened to you -- many times, several times, or once or twice?

Yes, Had bad effect

Many times
 Several times
 Once or twice
 Not sure

No, no bad effect

Not sure, NA

32. b. Have you ever talked to a drug counselor about drugs or drug use -- not a doctor but a specialist in drug counseling?

Yes

No

Not Sure

32. c. Have you ever had any kind of treatment yourself for drug use?

Yes

No

Not Sure, NA

32. d. How many times, if any, have you gotten into trouble with family because of drugs -- several times, once or twice, or never?

Several

Once/twice

Never

Not sure, NA

32. e. How many times, if any, have you gotten into trouble with the law because of drugs -- several times, once or twice, or never?

Several

Once/twice

Never

Not sure, NA

32. f. How many times, if any, have you missed work or gotten into trouble on the job because of drugs -- several times, once or twice, or never?

Several

Once/twice

Never

Not sure, NA

ASK EVERYONE

33. Switching back to the subject of drugs, if you or any other member of your family had a drug problem, where would you go for help? (MAY MULTIPLE RECORD)

Doctor, psychiatrist

Hospital, Hospital personnel such as nurses

Drug counselor (not a doctor)

Friend, relative, other family member (not medically trained)

Minister, priest, rabbi

Teacher, other school employee

Police, other law enforcement personnel

Welfare or social worker

Special drug clinic

Telephone "hotline"

Other (write in) _____

Not Sure

34. a. Now a few questions for tabulating purposes. Are you single, married, separated, divorced or widowed?

Single	Married
Separated	Divorced
Widowed	

34. b. Do you live alone by any chance?

Yes (SKIP TO 36)
No (ASK 35)

35. Who are the other members of your household living here with you?
(RECORD ALL APPROPRIATE CATEGORIES)

Spouse
Dependent children
Roommate (or other unrelated individual)
Parents
Other Relatives

36. Who is the head of this household -- the main wage earner?

Respondent Other person

INSTRUCTIONS: ASK 37, 38 ABOUT RESPONDENT IF HE/SHE IS MAIN EARNER. IF OTHER PERSON IS MAIN EARNER, ASK 37, 38 ABOUT THAT PERSON.

37. (Are you) (Is he/she) employed at the present time -- either full or part-time, or unemployed or retired? (SINGLE RECORD)

Employed full time	}	(ASK QUESTION 38a)
Employed part time		
Unemployed		
Retired		(ASK QUESTION 38b)

38. a. What is (your) (the main wage earner's) occupation? (RECORD UNDER "MAIN")

38. b. What was (your) (the main wage earner's) occupation before retirement?

	38a, b <u>Main</u>	41 <u>Respondent</u>
1. Higher executives, large business owners, major professionals		
2. Business managers, medium business owners, lesser professionals		
3. Administrative, small business owners, semiprofessionals		
4. Clerical/sales workers, technicians, little business owners		
5. Skilled manual employees		
6. Machine operators, semi-skilled employees		
7. Unskilled employees		
8. Ranchers or Agriculture		

INSTRUCTIONS: IF RESPONDENT IS MAIN WAGE EARNER, SKIP TO QUESTION 42.
IF NOT MAIN WAGE EARNER, ASK QUESTION 39.

39. Are you employed, either full or part-time at present?

Full time (SKIP TO 41)

Part time

Not employed (ASK 40)

40. Are you (SINGLE RECORD ONLY)

41--resp.

Housewife

Retired

Unemployed but looking for work (SKIP TO 42)

Unemployed, not looking for work

Student

41. What is your occupation? (RECORD ABOVE UNDER "41-resp")

(ASK EVERYONE)

42. What was the last year of regular schooling completed by the head of this household -- the main wage earner?

Graduate school degree

Graduated 4 year college

Partial college (less than 4 years)

Vocational Training

High school graduate

Partial high school (grades 10 or 11)

Junior high school (grades 7, 8, or 9)

Less than 7 years of school

INSTRUCTIONS: ASK 43 ONLY OF PEOPLE 25 YEARS OF AGE OR LESS. OTHERS SKIP TO 45.

43. You may have told me this, but are you a full-time student at the present time?

Yes (ASK 44)

No (SKIP TO 45)

44. What year or grade in school are you?

High school, prep school

Junior college, college, graduate school

45. What is your age?

Male

Female

14-17

18-24

25-34

35 or older

46. a. Do you smoke cigarettes at the present time -- that is as much as a pack a week or more?

Yes, pack or more	}	(SKIP TO 46c)
Less than pack	}	
Don't smoke at all		(ASK 46b)

46. b. About how many cigarettes do you smoke a day -- on the average? (Just as a guess)

1-6 (Less than half a pack)
 7-15 (About half a pack)
 16-25 (About a pack)
 26-35 (About a pack and a half)
 36 or more (Two or more packs a day)
 Not Sure

46. d. Once you had started to smoke regularly, did you ever really try to quit or cut down on the number of cigarettes you smoked?

Yes	No	Not Sure
-----	----	----------

(ASK EVERYONE -- OBTAIN FROM ADULT IF INTERVIEWING A CHILD)

47. In which of these numbered groups was your family's total income last year? (HAND RESPONDENT CARD)

1. Under \$5,000
 2. \$5,000 -- \$7,999
 3. \$8,000 -- \$10,999
 4. \$11,000 -- \$14,999
 5. \$15,000 or more
 Refused
 Not Sure

(ASK EVERYONE)

48. Have you lived here in Montana all your life, or did you move in from some other area? (If "moved in") How long have you lived here in Montana?

Lived in Montana all life
 Lived in Montana
 Less than 1 year
 1 up to 3 years
 3 up to 5 years
 5 up to 10 years
 10 years or more

49. Do you live in Montana all year round, or do you only live here part of the year?

Live all year around	(SKIP TO 51)
Live part of year only	(ASK 50)

50. When you live in Montana, is it because you have a retirement or vacation (home) (apartment) here?

Working in area

Retirement, vacation, all other reasons

51. Does anyone in your immediate family receive public assistance -- such as old age assistance, aid to the disabled or blind, or welfare -- aid to families with children? (If "yes") What kind of aid is received?

Yes

Old age assistance

Aid to disabled/blind

Welfare/aid to dependent children

Not sure of kind of aid

No, Not Sure

FACTUAL -- RECORD ONLY, DO NOT ASK

A. Race

White

Black

Other

Latin American

Indian

(Puerto Rican, Mexican

or other Latin American)

B. Economic Level

A

B

C

D

- C. Location description: Indicate the type of neighborhood covered in this location by circling one of the seven categories listed below. This should be done ONLY in terms of how this ENTIRE location looks in the eyes of the people in the community. Those people you spoke to PLUS your own opinions, based on your awareness of the location's characteristics must be considered. Circle more than one category if such is necessary to accurately describe this location.

1. A wealthy, or "society" type neighborhood; big business officials, very rich lawyers and doctors and people with large inherited incomes live here.
2. An excellent white-collar neighborhood -- doctors, highly-paid managers, strictly a professional and executive neighborhood.
3. A better white-collar neighborhood -- not many executives or doctors live here, but there are probably no blue-collar people, either.
4. Predominantly white-collar neighborhood -- though a lot of fairly well-paid blue-collar families live here also.
5. Predominantly a blue-collar neighborhood -- though some office workers might live here also.
6. Strictly a working-class neighborhood -- not slummy, but a few shacks and very poor housing mixed in; probably no white-collar workers live here.
7. A slum neighborhood, the people here are common laborers or people on relief.

